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Health Services

**THE MEDICAL EXPENSE AND
PERFORMANCE REPORTING SYSTEM FOR
FIXED MILITARY MEDICAL AND DENTAL
TREATMENT FACILITIES (RCS: DD-HA(AR)
1453)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFD 41-1, *Health Care Programs and Resources*, and Department of Defense (DoD) Manual 6010.13-M, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities*, January, 1991. It tells how to implement the Medical Expense and Performance Reporting System (MEPRS) in Air Force Medical Treatment Facilities (MTFs) and how to report Air Force unique aspects of MEPRS. All Air Force medical centers, hospitals, and clinics must comply with both documents. The documents do not apply to medical aid stations, squadron medical elements, designated functional flights, deployed mobile MTFs, occupational and environmental health laboratories, medical research and development functions, Air National Guard Medical Units, or Air Reserve Medical Units. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ USAF/SGMC, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050. **Attachment 1** is a glossary of references, abbreviations, acronyms, and terms.

SUMMARY OF REVISIONS

This AFI 41-102 corrects references to HQ USAF/SGMC and HQ Standard System Group (SSG), includes new MEPRS accounts for Objective Medical Group, Continuing Health Education, Bioenvironmental Health, Substance Abuse Control Program Management, Medical Library, Audiovisual Services, Pollution Prevention, Environmental Restoration, Environmental Conservation Support, Family Member Student Travel Program, Emergency Medical and Dental Care (Except GSUs), Non-Emergency Medical and Dental Care (GSUs Only), Emergency Medical and Dental Care (GSUs Only), Travel for Air Force Personnel/Non-Medical Attendants, and Travel for Family Members and Medical Attendants Overseas, Aeromedical Evacuation System; changes the functions in Command and Special Staff; adds designated functional flights as exempt from MEPRS reporting; updates Step-down Assignment Statistic edits; deletes Step-down Assignment Statistics 016 and 017; creates Step-down Assignment Statistics 801-804

for Objective Medical Group squadrons; creates Step-down Assignment Statistic 805 for TRICARE Administration; clarifies methods for full-time equivalent reporting and updates processing instructions.

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Chapter 1

PROJECT REFERENCES

1.1. References. Use this instruction to complete all Medical Expense and Performance Reporting System (MEPRS) needs. See the following references for additional guidance:

1.1.1. DoD 6010.13-M, *Medical Expense and Performance Reporting System for fixed Military Medical and Dental Treatment Facilities*, updates procedures for reporting expense, workload, and manpower data for medical and dental treatment facilities' operations.

1.1.2. *Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System, Version III (EAS III) Users Manual* provides the information needed to use and operate the EAS III software on the American Telephone and Telegraph (AT&T) equipment.

1.1.3. Defense Financial Accounting Service - Denver Center Regulation (DFAS-DER) 170-5, *Responsibility Center/Cost Center (RC/CC) Codes*, prescribes the RC/CC codes used in the Air Force accounting system for operations.

1.1.4. AFM 168-695, Volume 1, *Medical Administrative Management System (MAMS) - Base Users Manual*, provides policies, procedures, and standards that govern data collection and reporting.

1.1.5. AFI 65-503, *U.S. Air Force Cost and Planning Factors*, contains Air Force cost and planning factors used to estimate resource requirements and costs associated with Air Force structures, missions, and activities. Specifically, for MEPRS, it captures the DoD Standard Composite Pay Rates by Grade to determine salary and personnel expense (Table A19-1). The factors are worldwide averages of the military and civilian payroll costs financed by the Defense Health Program Operations and Maintenance (O&M) Appropriations 3500 and 3400, respectively.

1.1.6. AFI 65-601, Volume 1, *Budget Guidance and Procedures* (formerly AFR 172-1), contains rules and procedures for using Air Force appropriated funds. This instruction provides guidance for all personnel who prepare, review, approve, manage, or use funds appropriated to the Air Force.

Chapter 2

RESPONSIBILITIES

2.1. The Surgeon General, United States Air Force, (HQ USAF/SG):

- Implements DoD 6010.13-M.
- Develops policy for, and reports uniform and comparable data to, designated management levels within DoD.

2.1.1. These responsibilities rest with the Financial Management Division (HQ USAF/SGMC).

- HQ USAF/SGMC arranges for funding of associated Air Force MEPRS software and hardware requirements.
- Only HQ USAF/SGMC may direct release of MEPRS software.
- Direct policy changes for Air Force specific requirements

2.2. The Command Surgeons:

- Ensures that their Medical Treatment Facilities (MTFs) provide timely and accurate data transmissions to DoD and AFMSA.
- Acts as focal point between MTFs and HQ USAF on MEPRS related issues.
- These responsibilities and requirements rest with the MEPRS Program Manager.

2.3. The Standard System Group (SSG) Maxwell AFB-Gunter Annex, AL:

- Procures and distributes hardware, test, and upgrade software.
- Maintains software for MEPRS EAS III for all Air Force MTFs.
- Provides field assistance to all Air Force MTFs for EAS III software problems.

2.4. The Medical Wing/Group Commander:

- Organizes the facility to support data collection.
- Responsible for overall operation of MEPRS within the MTF.
- Integrates MEPRS information into the MTF's normal management audit and review structure.

2.5. The Medical Resource Management Flight:

- Manages MEPRS within the MTF.
- Ensures MEPRS data is accurate and timely.
- Performs MEPRS data analysis.

2.6. MTF Staff:

- Ensures reported data accurately reflects the performance of a given work center (e.g., Full Time Equivalents (FTEs), workload, expense data).

Chapter 3

ISSUES PROCESSING

3.1. Submission of Issues. Submit proposed issues through the MTF MEPRS program manager to the Resource Management Officer (RMO). The MEPRS program manager or the RMO reviews the issue and resolves it locally or, if necessary, prepares a MEPRS Issue Identification outlined in DoD 6010.13-M, chapter 4.

3.1.1. Submit any issues with Air Force-wide or DoD-wide implications through the Major Command (MAJCOM) surgeon's office, MEPRS Program Manager, for resolution. Send any unresolved issues along with comments and proposed resolution to the issue, to HQ USAF/SGMC, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050.

3.1.2. MAJCOM and Separate Operating Agencies (SOA) prepare MEPRS Issue Identification outlined in DoD 6010.13, chapter 4 and send it to HQ USAF/SGMC.

3.2. Processing and Distribution of Issues.

3.2.1. HQ USAF/SGMC:

3.2.1.1. Logs and reviews all issues received for duplication, conformity of MEPRS principles, clarity, and completeness of presentation.

3.2.1.2. Records results of the initial review in the comments section of the MEPRS Issue Identification and limits comments on issues accepted for resolution to policy, interpretation, and MEPRS program functionality. Returns significant deficiencies identified within the submitted issue to the originator through the MAJCOM MEPRS Program Manager for correction or re-submission.

3.2.1.3. Resolves issues involving only the Air Force.

3.2.1.4. Coordinates with the appropriate Air Force Consultant on issues outside the MEPRS area.

3.2.1.5. Sends tri-service issues to the Office of the Assistant Secretary of Defense for Health Affairs (OASD[HA]).

3.2.1.6. Sends summary and status of issues submitted to each MAJCOM and SOA/SG as needed.

3.2.1.7. Adds all resolved (approved) issues to this instruction for clarification and compliance.

3.2.2. MAJCOMs and SOA/SGs send copies to their MTFs.

Chapter 4

HOW TO REPORT MEPRS DATA

4.1. Requirements.

4.1.1. Each Air Force Fixed MTF designated a medical center, hospital, or clinic (defined in AFI 41-207) submits DoD Medical Expense and Performance Reporting System (MEPRS) files. Medical facilities that are subordinate organizational entities to a reporting medical center, hospital, or clinic do not submit separate reports since their workload and expense statistics combine into the parent facility's report.

4.1.2. Each reporting facility forwards monthly net automated MEPRS files to DoD (DMIS - MEPRS Central) after completing computation not later than 45 days after the close of the reporting month.

4.1.2.1. The option 'Transmit DoD Data' allows the MEPRS Program Manager to transmit a monthly net automated MEPR to the central DoD repository. Transmit the following files on a monthly basis by selecting appropriate DoD data from the File Transmit Screen:

- ASD Table File.
- DoD SAS File.
- FTEs by Occupation Code File.
- DoD MEPR File I.
- DES File.
- Purified FTE File.
- Patient Acuity SAS Table.

4.1.2.2. The option 'Transmit Military Health Care Management Information System (MHCMI) Data' allows the MEPRS Program Manager to transmit Diagnostic Related Group (DRG) data to a MCHMIS directory located on the EAS III machine. The data will be accessed by MCHMIS for further processing. Each month, generation and transmission will be accomplished for MHCMI. Select DRG data from the generation and transmission DoD data screen within the System Functions subsystem of EAS III. Note, MHCMI is not available at all MTFs.

Chapter 5

MEPRS CODING

5.1. The Basic Coding Approach. All activities and associated activities within or relating to an MTF fall into one of the following seven functional categories:

- A - Inpatient Care.
- B - Ambulatory Care.
- C - Dental Care.
- D - Ancillary Services.
- E - Support Services.
- F - Special Programs.
- G - Medical Readiness.

5.1.1. Summary Accounts. A summary account is a two letter designator that groups major functions within functional categories. For example:

Functional Category	Summary Account
A - Inpatient Care	AA - Medical Care
	AB - Surgical Care
	AC - Obstetrical and Gynecological Care
	AD - Pediatric Care
	AE - Orthopedic Care
	AF - Psychiatric Care
	AG - Family Practice Care
B - Ambulatory Care	BA - Medical Care
	BB - Surgical Care
	BC - Obstetrical and Gynecological Care
	BD - Pediatric Care
	BE - Orthopedic Care
	BF - Psychiatric and/or Mental Health Care
	BG - Family Practice Care

5.1.2. Sub-Accounts. A third and fourth letter identify a sub-account that describes the actual activities of an MTF as shown below:

Functional Category	Summary Account	Sub Account
A - Inpatient Care	AD - Pediatric Care	ADAA - Pediatrics

ADBA - Nursery

ADDA - Adolescent Pediatrics

5.2. Work Center Definition. A work center is a discrete functional or organizational subdivision of an MTF authorized to accumulate and measure its expense, and determine its workload performance. The following criteria listed below must be met before establishing a work center:

- Have identifiable expenses.
- Have allocated physical space.
- Have allocated or assigned manpower.
- Have valid work output as defined by regulation (AFM 168-695 Vol. 1).
- Have a meaningful workload measure.
- Have a uniqueness of service provided or expenses incurred when compared to other established work centers.
- Have compatibility with the MTF organizational structure.
- Facilitate management decision making processes.
- Is considered a DoD special interest program, e.g., partnership program.

5.3. Establishing MEPRS Account Codes:

- Determine whether the organization meets the definition of a work center before establishing a MEPRS account.
- Must have coordinated approval from your MAJCOM.

5.4. Cost Pool "X" Codes. Use cost pool accounts in situations where you can not assign time and expenses to any one specific MEPRS account because two or more work centers share physical space, personnel, or joint-use supply items. In these cases, establish a common account. For example, the Pediatrics Clinic and Well Baby Clinic share supplies from the same supply closet. Since each clinics' use of supplies from the supply closet cannot be determined, establish a cost pool for both clinics. Identify cost pools with an "X" in the third position of the MEPRS code. For example, the code for Pediatrics and Well Baby cost pool would be "BDXA." Once you assign all associated personnel and supply costs to a given cost pool account code, distribute the accumulated costs from the cost pool to the specialties sharing the physical space and supply closet based on a ratio of total workload for each specialty clinic to the total workload for the shared work center.

5.5. Account Subset Definition (ASD). This data set identifies the MEPRS work centers used by an MTF. It specifies the sequence in which step-down expense assignments occur and defines the statistics used in the step-down and purification computations.

5.5.1. Table 5.1 is an example of the Standard Air Force ASD/MEPRS codes listing (not all inclusive). *Note: The ASD has four parts:*

- MEPRS account codes in alphabetical order.
- Statistic Identifiers to determine which SAS data sets to use in the step-down process.

- Assignment Sequence to determine the order of step-down and expense assignment for those accounts not stepped down alphabetically (discussed in **Chapter 7**).
- MEPRS account description.

5.5.2. Coordinate the ASD with the MTF budget analyst and manpower manager prior to October of each year or upon addition or deletion of work centers or MEPRS codes.

5.5.3. Annually, the MTF submits a coordinated ASD to the MAJCOMs for review and approval.

5.5.4. Use DoD 6010.13-M as the common document to ensure that MEPRS codes reflect the MEPRS codes outlined in DFAS-DER 170-5, and are the same codes used by the budget analyst and manpower manager.

5.6. Unique Air Force Account Codes. Attachment 2 contains unique Air Force account codes.

5.6.1. Air Force MTFs do not use the following MEPRS codes listed in DoD 6010.13-M: AAN, BAR, BHB, BHF, BKA, CAB, ECB, ECC, ECD, ECE, ECF, ECG, ECJ, FAA, FAC, FDB, FDD, FFA, FFB, FFC, FFD, FFE, FFF, FFG, GBA, GEB, GEC, and GFA. Third level "Z" codes may not be used unless a waiver has been approved by OASD(HA) through HQ USAF/SGMC.

Table 5.1. Example Standard Air Force ASD/MEPRS Code.

MEPRS		ASSIGNMENT	
ACCOUNT	STAT-ID	SEQUENCE	DESCRIPTION
AAAA			INTERNAL MEDICINE
AAXA	151		MEDICAL & SURGICAL NURSING UNIT 1
ABAA			GENERAL SURGERY
ABXA	175		SURGICAL NURSING UNIT 1
BAAA			INTERNAL MEDICINE CLINIC
BABA			ALLERGY CLINIC
BAXA	242		MEDICAL CARE COST POOL
DAAA	301	550	PHARMACY
DBAA	304	560	CLINICAL PATHOLOGY
DBBA	307	570	ANATOMICAL PATHOLOGY
EAAA	001	010	INPATIENT DEPRECIATION
EABA	003	020	OUTPATIENT DEPRECIATION

NOTE:

All "D" and "E" accounts must have a STAT-ID and Assignment Sequence. Determine the order of step-down according to DoD 6010.13-M or other guidance from OASD (HA) through HQ USAF/SGMC. All cost pools must have a STAT-ID. The order of step-down for these accounts are alphabetical. Step-down of cost pools will occur after "D" and "E" accounts.

Chapter 6

TABLE MAINTENANCE

6.1. Table Maintenance. Update EAS III tables to reflect current year activities.

6.1.1. Review and update the tables at least once a year or whenever changes occur within the MTF.

6.1.2. See the EAS III Users Guide for directions to update tables.

6.2. Personnel Subsystem. This subsystem contains Grade and Salary, Occupation Code, DoD Occupation Code, and Statistic-Identifier (STAT-ID) tables.

6.2.1. The Grade and Salary table is maintained by the MTF MEPRS Program Manager.

6.2.1.1. It must contain the most current monthly pay rates for civilian, military, and wage grade employees.

6.2.1.2. Obtain wage grade updates from the local Defense Financial Accounting Service (DFAS).

6.2.1.3. Obtain foreign national pay rates from the Civilian Personnel Office or local source.

6.2.2. The Occupation Code table is maintained by the Standard Systems Group (SSG), Maxwell AFB-Gunter Annex, AL and is accessible to the MTF for view or print only.

6.2.2.1. It contains a master listing of Air Force Specialty Codes (AFSCs) mapped to DoD Occupation Codes, service indicators, and skill types for all assigned or attached personnel.

6.2.3. The DoD Occupation Code table is maintained by the Standard Systems Group (SSG), Maxwell AFB-Gunter Annex, AL and is accessible to the MTF for view or print only.

6.2.3.1. It contains a master listing of DoD occupation codes.

6.2.4. The STAT-ID table is maintained by the Standard Systems Group (SSG), Maxwell AFB-Gunter Annex, AL and is accessible to the MTF for view or print only.

6.2.4.1. It contains a list and description of the full-time equivalent (FTE) SASs.

6.2.4.2. It provides the capability to retrieve the personnel STAT-IDs for EAS III reporting and FTE purification.

6.3. Air Force Pre-Merge (Financial) Subsystem. This subsystem contains the RC/CC Code, Documentation Code and Auto Move tables. Update the tables on an as-needed basis to reflect the most current cost centers and documentation codes.

6.3.1. The RC/CC Code table maps cost centers contained on the financial floppy diskette or MicroBAS file to the associated MEPRS codes. It allows shredded cost centers with alpha characters to map to the appropriate MEPRS code.

6.3.1.1. MTF personnel may add alpha shreds to this table, however, they cannot update the cost centers.

6.3.1.2. Use DFAS-DER 170-5 to verify cost centers and MEPRS codes.

6.3.2. The Documentation Code table is used to create an audit trail when moving expenses between cost centers.

6.3.2.1. Documentation codes range from 10 to 98 and identify specific text regarding movement of expenses between cost centers.

6.3.3. The Auto Move table is used to move money from incorrect RC/CC EEICs to correct RC/CCs EEICs. This table must be updated before October data is validated.

6.4. The EAS III Table Maintenance Function. This function allows updates of ten tables and view and/or print of five others.

6.4.1. The MEPRS Program Manager maintains the following tables at the medical treatment facility.

6.4.1.1. The Medical Facility Identification (MFI) table contains unique medical treatment facility identification information.

6.4.1.2. The Account Subset Definition (ASD) data set is the dictionary that defines MTF unique data used to direct EAS III processing.

6.4.1.3. The Quality Control (QC) table contains facility unique edit checks that assist in validating data during quality control processing.

6.4.1.4. The Password table allows the system user to access specific EAS III subsystems.

6.4.1.5. The Ancillary Location ID table directs workload to reports and Ancillary SAS's. Coordination with the appropriate ancillary function is required prior to updating this table.

6.4.1.6. The Other Ancillary Procedure Weights table contains weighted factors to support other ancillary subsystems and is updated on an as needed basis.

6.4.2. Ancillary tables consist of the following and are updated by OASD(HA) as changes occur.

6.4.2.1. The Pathology Procedure Weights table identifies the weights used in Pathology reporting.

6.4.2.2. The Pathology Panel Explosion table identifies grouping of different pathology procedures.

6.4.2.3. The Radiology Panel Explosion table identifies grouping of different radiology procedures.

6.4.2.4. The Radiology and Respiratory Therapy Weights tables contain weighted factors to support these subsystems.

6.4.3. SSG maintains and updates the following tables; however, they are available for View or Printing by MTF personnel. MTF personnel must become familiar with these tables.

6.4.3.1. The Program Element Code (PEC) table identifies current PECs for acceptance in the financial subsystem (e.g., 87700, Station Hospitals and Medical Clinics).

6.4.3.2. The Standard Element of Expense Code (SEEC) table identifies DoD standard element of expense codes that correspond to the current Air Force Element of Expense Investment Codes (EEICs).

6.4.3.3. The MEPRS Master table lists all valid MEPRS codes in use within the current MEPRS reporting system.

6.4.3.4. The Relative Case Mix Index (RCMI) table contains the most current RCMI for the facility.

6.4.3.5. The Appropriations table identifies current appropriations used to categorize expenditures (i.e., "OPMA" Operations and Maintenance).

Chapter 7

PERSONNEL UTILIZATION DATA

7.1. Personnel Utilization Data. Used to collect and record time by personnel category and skill type to support a given work center; distribute salary expenses based on the amount of hours individuals report in their primary or assigned work center as well as other work centers or MEPRS accounts during a given month.

7.2. General. Personnel expenses account for over 75 percent of the expenses in a typical MTF. The timely and accurate control of personnel data is essential for the total success of the MEPRS. A few methods are available to collect hospital or clinic personnel man-hours. These methods include the use of EAS III templates or manual collection through the use of AF Form 3078, **Monthly Personnel Time and Salary Distribution Worksheet** (see attachment 3 for completion instructions). FTEs are the amount of labor required to provide a work center with one work month of time performing specific duties or tasks. Within MEPRS, 168 hours equates to one work month (one FTE).

7.2.1. There are four types of personnel utilization data.

7.2.1.1. Available Full Time Equivalent (FTE) is the time an individual is available in a given work center in support of an established account based on the normal FTE work month. This equates to total hours available divided by 168 hours. Use for the Personnel Utilization portion of MEPRS.

7.2.1.2. Nonavailable FTE is the time an individual is not available to an MTF work center, however, the salary expense is charged back to their assigned work center.

7.2.1.3. Military and civilian assigned FTEs are calculated differently. A military assigned FTE is the ratio of the number of days assigned to the number of days in a month. A civilian assigned FTE is the ratio of the number of workdays assigned to the number of workdays in a month.

7.2.1.4. Salary Distribution. Military salary expenses are standard rates based on composites of all pay, allowances, and entitlements updated annually (per AFI 65-503). Civilian salary expenses are standard rates based on composites of basic salary, incentive and hazard pay, governmental contributions to benefits, overtime, etc.

7.2.2. Personnel excluded from Salary Distribution:

- Inpatients.
- Foreign Armed Services Personnel.
- Direct and indirect hire foreign national employees, in an unpaid absence status.
- Civilian employees paid from non-appropriated funds.
- Contract Personnel.

7.3. MEPRS Requirements. Include the following in MEPRS personnel utilization data (man-hour reporting):

- United States military personnel assigned.

- Federal civilian employees.
- Foreign national employees (direct and indirect hire) paid from appropriated funds.
- Personnel "borrowed" from another facility (i.e., staffing assistance).
- Students.
- Contract Personnel.
- Volunteers.
- Reservists and Air National Guard.

7.3.1. Use the following criteria to report labor utilization for MEPRS.

7.3.1.1. Report labor utilization for the actual number of days per month each person (military or civilian) is assigned to the MTF.

7.3.1.2. Round off labor utilization to the nearest whole hour per month.

7.3.1.3. Labor expenses are based on the actual number of days during each month that an individual is assigned to the MTF, applied against the standard pay resident in MEPRS. Military personnel report all hours spent in support of work center tasks (including overtime and work at home needed to accomplish the mission). Do not count civilian overtime/compensatory time unless it is approved.

7.3.2. Individual personnel actions for completing AF Form 3078, if used, are as follows.

7.3.2.1. Work center MEPRS Monitors (OICs/NCOICs if so designated) ensure that each person assigned to a work center completes an AF Form 3078 (or local automated product), and is aware of the requirements and procedures for recording personnel time. Within 3 duty days after the end of the month, the MEPRS work center monitor reviews each form for accuracy, internal consistency, ensures all columns are totaled, and ensures correct MEPRS codes are used. The monitor forwards the AF Form 3078 to the Medical Resource Management (MRM) Flight and notifies the MRM Flight of any departures, arrivals, transfers, or other pertinent data.

7.3.2.2. Each individual assigned to or working in the MTF on a "borrowed" basis from another organization will complete AF Form 3078 (or local automated product). Individuals must ensure their name, rank, Duty AFSC, and work center, and MEPRS codes are correct. Personnel subtotal their hours weekly and grand total their hours monthly. Individuals will turn in their time sheet to the MEPRS work center monitor to meet the 3 duty day suspense to the MRM Flight MEPRS Program Manager.

7.3.3. Individual personnel actions for using EAS III templates:

7.3.3.1. EAS III generates, upon initiation, a template that stores an average of up to the last 12 months an individual is assigned to a work center. Additionally, the MEPRS Personnel Time Summary Report is generated.

7.3.3.2. Work center MEPRS Monitors (OICs/NCOICs if so designated) ensure that each individual assigned to the work center validates the stored template hours and reports any changes to the template to the Medical Resource Management (MRM) Flight. Exceptions to the template are reported within 3 duty days after the end of the month to the MPM by the work center monitor. Work center monitors ensure assigned personnel are aware of the requirements and local proce-

dures for exception reporting. The MEPRS work center monitor notifies the MRM Flight of any departures, arrivals, transfers, or other pertinent data.

7.3.3.3. Local guidelines will be established to account for individuals working in the MTF on a "borrowed" basis from another organization. Individuals will report their FTEs to the MEPRS work center monitor to meet the 3 duty day suspense to the MRM Flight MEPRS Program Manager.

7.4. Data Collection Methods. Attachment 3 details instructions for filling out the AF Form 3078. The Personnel Subsystem in EAS III accomplishes the calculation of FTE data, for Assigned FTEs, Available FTEs, Non-available FTEs and Salaries for both the manual or template collection of FTE data.

7.4.1. Refer to the EAS III Users Manual, Personnel Subsystem Section, for detailed instructions on updating personnel data within the system.

7.4.2. The Personnel Subsystem allows the MTFs to update tables, maintain the master personnel file, process personnel data, create templates, produce master personnel file labels for use on the AF Form 3078 or local automated product (e.g., spreadsheet, database program, or word-processing), perform personnel subsystem backups of personnel data, restore personnel data, create reports, and view/print personnel data.

Chapter 8

STEP-DOWN ASSIGNMENT STATISTICS

8.1. Workload. This chapter describes the workload data requirements of the MEPRS and includes an explanation of the applicability of existing Air Force data collection procedures to the MEPRS data requirements.

8.2. Introduction. Workload data are the performance factors used to quantify the amount of work accomplished by a work center, and they are one part of the statistical basis for assigning cost within the MEPRS. DoD 6010.13-M defines specific performance factors for the various workload data. Workload data are associated with patient care and non-patient care activities. Work centers submit data to the MEPRS manager by MEPRS code. Use workload data to assign costs of operating expenses to various MEPRS accounts. The MTF collects workload statistics for each work center and summarizes them for entry into the EAS III system. The data is reported in various SAS data sets on a monthly basis.

8.3. Data Collection Methods. Computer generated reports are available through Composite Health Care System for such workload information as outpatient visits, occupied bed days, dispositions, admissions, laboratory workload, radiology workload and pharmacy workload. For fully automated CHCS sites workload may be captured for various SASs and transmitted via an interface to the EAS III system. The following is a recommended approach to coordinating MEPRS workload data collection with other existing reporting systems.

- 8.3.1. Identify work centers which may or may not have current reporting mechanisms (whether automated or manual). Assess whether the work center(s) may require development and implementation of improved data collection procedures to meet MEPRS requirements.
- 8.3.2. Coordinate with appropriate work center personnel to determine the most efficient and effective means of acquiring the data.
- 8.3.3. Implement additional reporting procedures required by the MEPRS.
- 8.3.4. Establish written procedures for providing required MEPRS data to the MRM Flight.
- 8.3.5. Ensure updates to data from other systems are validated with data source point of contact and included in MEPRS for upward reporting.

8.4. Step-down Assignment Statistic (SAS). A SAS is the collection and reporting of workload, expenses, FTEs, salaries, and other information such as square footage data, organized in a prescribed format for use by the Expense Assignment System. The SAS summarizes workload data by MEPRS account code and shows which work center benefited from a particular service. SASs are used as Statistic Identifiers (STAT-IDs) in the ASD file for:

- cost assignment of intermediate operating expense accounts (D and E codes) called step-down.
- cost assignment of cost pool accounts called "final purification".
- information and statistical purposes.
- producing or displaying the MEPR called "MEPR SASs".

- DoD standard SASs.

8.4.1. Create a SAS data set for every STAT-ID identified on the ASD. Do not use the informational and MEPR SASs in cost assignment. The System Generated SAS function allows the MEPRS Program Manager to generate new SASs from existing ones. **Attachment 4** provides guidelines to distinguish between step-down, purification, informational SASs, MEPR SASs, and DoD SASs.

8.5. SAS Data Set Specifics and Edits.

8.5.1. SAS 001 - Occupied Bed Days (OBDs) and Bassinet Days by Account. The primary purpose is to collect OBDs by account. It is also used to distribute inpatient depreciation expenses to the various inpatient "A" accounts. The following edit rules apply.

8.5.1.1. Total of SAS 001 should equal the total from CHCS Monthly MEPRS Activity Report, Summary Section or Worldwide Workload Report Section I, Bed Days column.

8.5.1.2. Use only "A" accounts on this SAS.

8.5.1.3. Do not use cost pool accounts on this SAS.

8.5.1.4. Compare SAS 001 MEPRS codes to SAS 006 MEPRS codes to ensure for each account reported on SAS 001, there is associated "clinician salary" by account reported on SAS 006 (exceptions: AEBA and contract clinicians).

8.5.1.5. Compare SAS 001 MEPRS codes to SASs 007 and 008 (Dispositions and Admissions, respectively) MEPRS codes. For every account where there are bed days, there should be admissions, dispositions or intra-service transfers. Generally, there should not be more dispositions than bed days. Note, patients admitted and transferred the same day to another military MTF will not accrue a bed day but will accrue an admission and disposition.

8.5.1.6. Compare SAS 001 MEPRS codes to SAS 012 MEPRS codes to ensure for every occupied bed day reported, there is an associated "meal day" served by account for that episode of care (exception: ADBA, AGHA).

8.5.1.7. Check contents of the applicable inpatient cost pool SAS (151-240) to ensure that each applicable MEPRS account OBDs within the SAS are less than or equal to the OBDs for that code on SAS 001.

8.5.1.8. Check SAS 001 against SASs 609 and 777-800 to ensure that for each MEPRS code on SAS 001 there are associated "FTEs" assigned. FTEs for support and nursing personnel may be assigned to the cost pool for which the account code is a member of the cost pool.

8.5.2. SAS 002 - Outpatient Visits by Account. Use this SAS to collect outpatient visits. It does not include inpatient visits to outpatient clinics.

8.5.2.1. Total of SAS 002 must equal total of outpatient visits reported on CHCS WWR Section I, Outpatient Visits column or Patient Appointment and Scheduling (PAS) Statistical Report.

8.5.2.2. Use only "B" accounts on this SAS.

8.5.2.3. Do not use cost pool accounts on this SAS.

8.5.2.4. For clinics, SAS 002 must equal the value for the same account code on SAS 003. For that for the same code on inpatient facilities, the value for each account code on SAS 002 must be less than or equal to SAS 003.

8.5.3. SAS 003 - Total Visits by Account. Use this SAS to collect outpatient and inpatient visits to outpatient clinics by specialty.

8.5.3.1. SAS 003 is the sum of inpatient visits plus outpatient visits by MEPRS account. Total of SAS 003 must equal total of inpatient and outpatient visits reported on CHCS WWR Section I, Inpatient and Outpatient Visits columns or Patient Appointment and Scheduling (PAS) Statistical Report.

8.5.3.2. Use only "B" accounts on this SAS.

8.5.3.3. Do not use cost pool accounts on this SAS.

8.5.3.4. For clinics, SAS 003 must equal the value for the same account code on SAS 002. For inpatient facilities, the value for each account code on SAS 003 must be equal to or greater than that same code on SAS 002.

8.5.3.5. Check SAS 003 against the outpatient cost pools SASs (241-299). The total of SAS 003, by MEPRS code, must be equal to or greater than the totals on the cost pool SASs.

8.5.3.6. Check the values in SAS 003 against the FTEs in SASs 777-800 to ensure there is time reported for the workload.

8.5.4. SAS 004 - Dental Workload. Use this SAS to collect workload for the dental clinic Composite Time Values (CTVs) and Composite Lab Values (CLVs) for dental accounts.

8.5.4.1. Use only "C" accounts on this SAS.

8.5.4.2. Do not use cost pool accounts on this SAS.

8.5.4.3. Use the Base Dental Service Report to ensure that workload reported is transferred accurately to EAS from the Dental Data System. Validate workload with Dental Services after input and process of data before transmitting workload.

8.5.4.4. Check the values in SAS 004 against the FTEs in SASs 777-800 to ensure there is time reported for the workload.

8.5.5. SAS 005 - Ancillary Workload. This SAS displays the total workload (raw and weighted) for each ancillary account indicated on each individual Ancillary Services (300 series) SASs. It is generated via the Ancillary End of Month cycle and cannot be updated directly.

8.5.5.1. Only "D" accounts appear on this SAS.

8.5.5.2. Do not use cost pool accounts on this SAS.

8.5.5.3. Use raw and weighted values on this SAS. Values must equal the total of the appropriate ancillary SAS, i.e., DAAA must equal the total of SAS 301.

8.5.5.4. For each "D" account with workload on this SAS, ensure there are FTEs in SASs 777-800.

8.5.6. SAS 006 - Clinician Salaries. This SAS displays the total salaries by account for clinicians. EAS III Personnel Batch Merge produces this SAS by MEPRS account.

8.5.6.1. Do not use cost pool accounts on this SAS.

8.5.6.2. For any "A", "B", "C", or "D" accounts listed on this SAS, there must be associated workload SASs (001, 003, 004 and 005).

8.5.6.3. For any "E", "F", or "G" accounts listed on this SAS, there must be associated FTEs reported on the FTE SASs (777-780, 800).

8.5.7. SAS 007 - Dispositions by Inpatient Account. This SAS displays total dispositions by MEPRS account. It also displays dispositions by MEPRS account on the MEPR.

8.5.7.1. The total of SAS 007 must equal the CHCS Monthly MEPRS Activity Report, Summary Section or CHCS WWR, Section V, Dispositions column.

8.5.7.2. Use only "A" accounts on this SAS.

8.5.7.3. Do not use cost pool accounts on this SAS.

8.5.7.4. For each disposition on this SAS by account, there should be associated OBDs by account on SAS 001. However, dispositions may occur in the month following the reporting month. Additionally, patients admitted and transferred the same day to another military MTF will not accrue a bed day but will accrue an admission and disposition.

8.5.7.5. For each account on this SAS, there should be associated clinician salaries, admissions, and FTEs reported in SASs 006, 008, and 800.

8.5.8. SAS 008 - Admissions by Account. This SAS displays total admissions by MEPRS account. It is also used to display admissions by MEPRS account on the MEPR.

8.5.8.1. The total of this SAS must equal the CHCS Monthly MEPRS Activity Report, Summary Section, Admissions and Livebirths or CHCS WWR, Section I, Admissions column (Items 00 and 01).

8.5.8.2. Use only "A" accounts on this SAS.

8.5.8.3. Do not use cost pool accounts on this SAS.

8.5.8.4. For each admission on this SAS by account, there should be associated OBDs by account on SAS 001. Patients can be transferred to another clinical service prior to the bed census taking hour. Additionally, patients admitted and transferred the same day to another military MTF will not accrue a bed day but will accrue an admission and disposition.

8.5.8.5. For each account on this SAS, there should be associated clinician salaries, dispositions, and FTEs reported in SASs 006, 007, and 800.

8.5.9. SAS 009 - Live Births. This SAS displays total number of live births by MEPRS account.

8.5.9.1. The total of this SAS should equal the CHCS Monthly MEPRS Activity Report, Summary Section, Livebirths or CHCS WWR, Section I, Item code 01 Admissions.

8.5.9.2. MEPRS accounts ADBA and AGHA are the only codes used on this SAS.

8.5.9.3. Do not use cost pool accounts on this SAS.

8.5.9.4. The number of live births listed for MEPRS accounts ADBA and AGHA will equal the number of admissions for these codes on SAS 008.

8.5.10. SAS 010 - Fetal Deaths. This SAS displays total number of fetal deaths by MEPRS account.

8.5.10.1. Use "A", BHA, BHI, or BIA MEPR accounts on this SAS.

8.5.10.2. Do not use cost pool accounts on this SAS.

8.5.11. SAS 011 - Deaths by Specialty. This SAS displays total number of deaths by MEPRS account, excluding fetal deaths and Carded for Record Only (CRO).

8.5.11.1. Use only "A" and "B" accounts on this SAS.

8.5.11.2. Do not use cost pool accounts on this SAS.

8.5.11.3. Data collection sources are the Admissions and Dispositions Report, CHCS Death Report, and Patient Appointment and Scheduling (PAS) Disposition by Clinic Report.

8.5.12. SAS 012 - Patient Meal Days Served. This SAS displays total number of patient meal days served by MEPRS account.

8.5.12.1. The total of SAS 012 will equal the total of lines 5/6E (Beds Occupied Minus Bassinet Meal Days); 8E (Same Day Surgery/Ambulatory Procedure Visit Meal Days); 10E (RON's and Transient Patient Meal Days); and 13E (CTIM Meal Days) from the AF Form 544, Ration Earnings Record.

8.5.12.2. Beds Occupied Meal Days on SAS 012 will equal Occupied Bed Days on SAS 001 minus the Bassinet Days (ADB and AGH).

8.5.12.3. RON's and Transient patient meal days reflected on line 10E, and CTIMs on line 13E are recorded using account code FECA and FEFA and should be checked against these accounts on SAS 019.

8.5.13. SAS 013 - Total Meal Days Served. This SAS displays the total number of patient meal days and non-patient meal days.

8.5.13.1. Use only MEPR account codes EIAA (Patient Food Operations) and FDCA (Non-Patient Food Operations) on this SAS.

8.5.13.2. The amount shown for MEPRS account EIAA must equal the total from SAS 012.

8.5.13.3. FDCA must equal line 35E (Total Meal Days) minus lines 5/6E, 8E, 10E, and 13E (Patient Meal Days) on AF Form 544, Ration Earnings Record.

8.5.14. SAS 014 - Weighted Inpatient and Ambulatory Procedure Visits Nutritional Procedures. This SAS displays the weighted inpatient and ambulatory procedure visit nutritional procedures by MEPRS account based on relative value units for time spent with the patient as well as complexity of care given to the patient.

8.5.14.1. The data are provided by Nutritional Medicine Service by MEPR account codes at the end of the month.

8.5.14.2. Use "A" and "B**5" accounts on this SAS.

8.5.14.3. Do not use cost pool accounts on this SAS.

8.5.14.4. Account codes reflecting inpatient workload on this SAS must have OBDs on SAS 001 minus ADBA and AGHA.

8.5.15. SAS 018 - Support Service Performance Factors. This SAS displays support service "E" accounts total performance factor values (e.g., FTEs, square footage, and occupied bed days). Use this SAS only for those "E" accounts that have a performance factor as outlined in DoD 6010.13-M.

Account use and data collection sources are specified below. **Note:** *This SAS is system generated within EAS III.*

8.5.15.1. MEPRS accounts EBAA, EBBA, EBBH, EBCA, EBCB, EBCC, EBCI, EBDA, EBEA, EBFA, EBFN, EBFW and EBGA, will reflect total available FTEs by MEPRS code from SAS 800.

8.5.15.2. EBCD - Total FTEs from SAS 801.

8.5.15.3. EBCF - Total FTEs from SAS 803.

8.5.15.4. EBCH - Total FTEs from SAS 804.

8.5.15.5. EBHA - Total claims processed from SAS 419.

8.5.15.6. EEAA - Total dollars from SAS 415.

8.5.15.7. EFAA and/or EFBA - Total Square Footage Cleaned from SAS 409.

8.5.15.8. EGAA and/or EGBA - Total Hours of Service from SAS 418.

8.5.15.9. EHAA and/or EHBA - Total Pounds of Laundry from SAS 421.

8.5.15.10. EIAA - Patient meal days served from SAS 012.

8.5.15.11. EIBA - Total meal days served from SAS 013. If the MTF does not have Non-patient Food Operations, then the amount for MEPRS account EIBA will be the same as MEPRS account EIAA.

8.5.15.12. EICA - Total weighted nutrition procedures from SAS 014.

8.5.15.13. EJAA - Total occupied bed days from SAS 001.

8.5.15.14. EKAA - Total visits from SAS 003. (Exception: Facilities with a PRIMUS clinic will use SAS 749 for Total Outpatient Visits).

8.5.15.15. ELAA - Total FTEs from SAS 805.

8.5.16. SAS 019 - Special Programs Performance Factors. This SAS displays special program "F" accounts total performance factor values (e.g., weighted procedures, and dollar value of food inspected). **Note:** *This SAS is partially system generated within EAS III.*

8.5.16.1. FABA - Used by facilities that have an Area Dental Prosthetic Laboratory. Weighted value (CLV) must equal the total number of prosthodontic work units.

8.5.16.2. FADA - Same value as account FADA amount on SAS 304 (system generated).

8.5.16.3. FAFA - Same value as account FAFA amount on SAS 304 (system generated).

8.5.16.4. FAFB - Same value as account FAFB amount on SAS 304 (system generated).

8.5.16.5. FBEB - Dollar amount of food inspected (submitted monthly by Environmental Health).

8.5.16.6. FBEC - Number of food facilities under surveillance (submitted monthly by Environmental Health).

8.5.16.7. FBIA - Total immunizations and allergy injections reported for the month.

8.5.16.8. FBIA - Total Individual Family Service Plans (IFSP). Data is obtained from the Exceptional Family Member Program Manager.

8.5.16.9. FBKA - Total Individualized Education Plans (IEP). Data is obtained from the Exceptional Family Member Program Manager.

8.5.16.10. FBLA - Total available full-time equivalents from this account on SAS 800.

8.5.16.11. FDCA - Total amount of nonpatient meal days served by MEPRS account FDCA on SAS 013.

8.5.16.12. FDHA - Total number of emergency leaves funded by the MTF obtained from unit orderly room. For each funded leave, ensure there are associated expenses on the DES.

8.5.16.13. FDIA - Total number of in-place consecutive overseas leave (COT) funded by the MTF obtained from unit orderly room. For each funded leave, ensure there are associated expenses on the DES.

8.5.16.14. FEAA - Total hours of service from time vehicle logged out to time vehicle logged in, time spent rotating supplies, cleaning and servicing the vehicle, etc. Source documentation is local log.

8.5.16.15. FECA - Total occupied bed days by transient patients, if applicable. This total equals the CHCS WWR Section IV, Item code 11, Bed Days column.

8.5.16.16. FEFA - Total number of patient movements based on manifests maintained by

8.5.16.1. FEZA - Total number of patient movements based on manifests maintained by the Flight Line Aeromedical Facility, if applicable.

8.5.16.17. FFHA - Total weighted procedures for animal disease prevention and control activities.

8.5.17. SAS 020 - Medical Readiness "G" account Performance Factors. This SAS displays readiness program "G" accounts total performance factor values. It is partially system generated within EAS III.

8.5.17.1. Report FTEs for all readiness accounts except for MEPRS account GEAA.

8.5.17.2. Report dollar value of material maintained for MEPRS Account GEAA. Source documentation for MEPRS account GEAA data is the DFAS-DE Financial Reconciliation Report under the section for "Medical Balance Dollar Value, column "WRM Serviceable".

8.5.17.3. All readiness accounts listed on SAS 020 should reflect the same value as on SAS 800 except for MEPR account code GEAA. Note, report FTEs for all "G" accounts on SAS 800.

8.5.17.4. Do not use cost pools on this SAS.

8.5.18. SAS 021 - Supplemental Care Dollars by Requesting Work Center. This SAS displays total supplemental care dollar expenditures by requesting work center. This SAS is system generated within EAS III.

8.5.18.1. Data collection source is the Operating Budget Ledger, or MICROBAS.

8.5.18.2. Any "A", "B", "C", "D" or "F" account listed on this SAS must have applicable workload on workload SASs (001, 003, 004, 005, 020).

8.5.18.3. Do not use cost pools on this SAS.

8.5.19. SAS 022 - Direct Care Professional Salaries. This SAS displays the total salaries by MEPRS account for Direct Care Professionals. This SAS is created from the personnel salary records during the Personnel Batch Merge. Users are not given update access to this SAS.

- 8.5.19.1. Any "A", "B", "C", or "D" account listed on this SAS must have applicable workload and FTEs associated with these accounts on workload and FTE SASs (001, 003, 004, 005, 8.5.19.2. For each "E", "F", or "G" account listed on this SAS, corresponding FTEs associated with these accounts on the FTE SASs.

8.5.20. SAS 023 - Registered Nurse Salaries. This SAS displays the total salaries by account for Registered Nurses. This SAS is created from the personnel salary records during the Personnel Batch Merge. Users are not given update access to this SAS.

- 8.5.20.1. Any "A", "B", or "D" accounts listed on this SAS must have applicable workload and FTEs associated with these accounts on the workload and FTE SASs (001, 003, 005, 018, 019, 020, 786-789, 800).
- 8.5.20.2. Any "E", "F", or "G" accounts listed on this SAS must have applicable FTEs associated with these accounts on the FTE SASs.

8.5.21. SAS 024 - Direct Care Paraprofessional Salaries. This SAS displays the total salaries by account for Direct Care Paraprofessionals. This SAS is created from the personnel salary records during the Personnel Batch Merge. Users are not given update access to this SAS.

- 8.5.21.1. Any "A", "B", "C", or "D" accounts listed on this SAS must have applicable workload and FTEs associated with these accounts on the workload and FTE SASs (001, 003, 004, 005, 018, 019, 020, 790-794, 800).
- 8.5.21.2. Any "E", "F", or "G" accounts listed on this SAS must have applicable FTEs associated with these accounts on the FTE SASs.

8.5.22. SAS 025 - Administrative, Logistical, Other Salaries. This SAS displays the total salaries by account for Administrative, Logistical, and Other. This SAS is created from the personnel salary records during the Personnel Batch Merge. Users are not given update access to this SAS.

- 8.5.22.1. Any "A", "B", "C", or "D" accounts listed on this SAS must have applicable workload and FTEs associated with these accounts on the workload and FTE SASs (001, 003, 004, 005, 018, 019, 020, 795-799, 800).
- 8.5.22.2. Any "E", "F", or "G" accounts listed on this SAS must have applicable FTEs associated with these accounts on the FTE SASs.

8.5.23. SASs 151 - 240 - MTF Unique Inpatient Cost Pools. Only hospitals use these SASs; they are determined locally. The purpose of an inpatient cost pool is to identify those specialties that share expenses, (e.g., space, personnel, beds), and to enable distribution of expenses to the sharing accounts. (See Chapter 5, for a complete definition of Cost Pool "X" codes).

- 8.5.23.1. Data collection sources may vary between the A & D Reports; the Ward Nursing Report, or other CHCS reports.
- 8.5.23.2. Use only "A" accounts on this SAS.
- 8.5.23.3. Do not use cost pool accounts on these SASs.
- 8.5.23.4. Each SAS must contain at least two accounts with values greater than zero.

8.5.23.5. The occupied bed days for each sharing MEPRS account on the SAS must be less than or equal to the occupied bed days for those accounts on SAS 001.

8.5.23.6. If there are no pure wards, the sum of the cost pools will equal SAS 001, by individual account code.

8.5.23.7. Each inpatient cost pool SAS used must have an associated cost pool code on the ASD listing.

8.5.24. SASs 241 - 299 - MTF Unique Outpatient Cost Pools. Hospitals and clinics use these SASs; they are determined locally. The purpose of an outpatient cost pool is to identify those specialties that share expenses and to enable distribution of expenses to the sharing accounts. (See **Chapter 5** for a complete definition of Cost pool "X" codes).

8.5.24.1. Data collection sources may vary between the AF Form 555, CHCS Patient Appointment and Scheduling Module, or locally developed forms or systems.

8.5.24.2. Use only "B" accounts on this SAS.

8.5.24.3. Do not use cost pool accounts on these SASs.

8.5.24.4. Each SAS must contain at least two accounts reflecting values greater than zero.

8.5.24.5. The total visits for each sharing MEPRS account on this SAS must be less than or equal to the occupied bed days for those accounts on SAS 001.

8.5.24.6. If there are no pure clinics, the sum of the cost pools will equal SAS 003, by individual account code.

8.5.24.7. Each outpatient cost pool SAS used must have an associated cost pool code on the ASD listing.

8.5.25. SASs 301, 304, 307, 310, 313, 316, 328, 329, 349, and 361. Pharmacy (301), Clinical Pathology (304), Anatomical Pathology (307), Blood Bank (310), Diagnostic Radiology (313), Therapeutic Radiology (316), Pulmonary Function (328), Cardiac Catheterization (329), Inhalation/Respiratory Therapy (349), and Nuclear Medicine (361). EAS III system generates SASs 304, 307, 310, 313, 316, and 349 via batch entry mode if the applicable subsystem is used.

8.5.25.1. Data collection sources may vary among MTFs depending on automated systems in use.

8.5.25.2. Ancillary services not having an automated system will maintain work center logs or forms to capture required data. Work center personnel will multiply the raw data for these work centers by appropriate weighted values before submitting them to the MRM Flight.

8.5.25.3. SAS 304 - The total of this SAS must equal the totals on the CHCS Laboratory MEPRS Detailed Report for Clinical Pathology or CHCS WWR, Section II, item 04 (DBA).

8.5.25.4. SAS 307 - The total of this SAS must equal the totals on the CHCS Laboratory MEPRS Detailed Report for Anatomical Pathology or the CHCS WWR Section II, Item code 04 (DBB).

8.5.25.5. SAS 310 - The total of this SAS must equal the totals on the CHCS Laboratory MEPRS Detailed Report for Blood Bank or the CHCS WWR Section II, Item code 04 (DBC).

8.5.25.6. SAS 313 - The total of this SAS must equal the totals on the CHCS Radiology MEPRS Group Report or the CHCS WWR Section II, Item code 04 (DCA).

8.5.25.7. SAS 316 - The total of this SAS must equal the totals on the CHCS Therapeutic Radiology MEPRS Group Report or the CHCS WWR Section II, Item code 04 (DCB).

8.5.25.8. SAS 328 - Workload is provided by the pulmonary function work center by MEPRS accounts receiving the service. Data can be entered through the Respiratory Subsystem in EAS III.

8.5.25.9. SAS 329 - Workload is provided by the cardiac catheterization work center by MEPRS accounts receiving the service. Data can be entered through the Radiology Subsystem with Location Code 1200 in EAS III.

8.5.25.10. SAS 349 - The total of this SAS must equal CHCS WWR Section II, Item code 04 (DCA). Data can be entered through the Respiratory Subsystem in EAS III.

8.5.25.11. SAS 361- Workload is provided by the nuclear medicine work center by MEPRS accounts. 8.5.25.12. Use raw and weighted values on these SASs. Raw and weighted will reflect different values.

8.5.25.12. Do not use cost pool accounts on SASs 304, 307, 310, 313, 316, 328, 329, 349, or 361.

8.5.25.13. Cost pool MEPRS accounts used on SAS 301 are for issuing bulk and clinic issue items to the various wards (i.e., IV and various other bulk drug items).

8.5.25.14. All MEPRS account codes reported on these SASs must have associated workload on workload SASs (001, 003, or 004) and FTEs on SAS 800.

8.5.25.15. Any "A" inpatient MEPRS accounts used on these SASs must have associated occupied bed days on SAS 001.

8.5.25.16. Any "B" outpatient MEPRS accounts used on these SASs must have associated visits on SASs 002 and 003.

8.5.25.17. Any "C" dental MEPRS accounts used on these SASs must have associated Composite Time Values (CTVs) on SAS 004.

8.5.25.18. Any "D" ancillary MEPRS accounts used on these SASs must have associated Raw and Weighted workload on the appropriate ancillary SAS.

8.5.25.19. MEPRS account EBBH, Health Promotion Program, is the only "E" account allowed on these SASs.

8.5.25.20. The following "F" MEPRS account codes are not used on these SASs: FAK*, FAL*, FBEB, FBEC, FCA*, FCB*, FDC*, FDE*, FDF*, FDG*, FDH*, FDI*, FDZ*, FEA*, FEB*, and FED*.

8.5.26. SASs 319, 322, and 325. Electrocardiography (EKG) Procedures by account (319), Electroencephalo-graphy (EEG) Procedures by account (322), and Electroneuromyography (EMG) Procedures by account (325). These SASs record the number of "shared machine" workload procedures performed by each ancillary service by MEPRS account.

8.5.26.1. The sources for collecting data are applicable ancillary work center logs used to record procedures by MEPRS accounts. Each ancillary service further summarizes the work center logs and forwards them monthly to the MRM Flight.

8.5.26.2. SAS 319 - The total of this SAS must equal the CHCS WWR Section II, Item code 04 (DDA). Data can be entered through the Respiratory Subsystem in EAS III.

8.5.26.3. SAS 322 - The total of this SAS must equal the CHCS WWR Section II, Item code 04 (DDB).

8.5.26.4. SAS 325 - The total of this SAS must equal the CHCS WWR Section II, Item code 04 (DDC).

8.5.26.5. Raw and weighted values are the same on these SASs.

8.5.26.6. Only report workload from machines shared by more than one work centers.

8.5.26.7. Do not use cost pool accounts on these SASs.

8.5.26.8. Any "A" inpatient MEPRS accounts used on these SASs must have associated occupied bed days on SAS 001.

8.5.26.9. Any "B" outpatient MEPRS accounts used on these SASs must have associated visits on SASs 002 and 003.

8.5.26.10. MEPRS account EBBH, Health Promotion Program, is the only "E" account allowed on these SASs.

8.5.26.11. Do not use the following "F" MEPRS accounts on these SASs: FAK*, FAL*, FBEB, FBEC, FCA*, FCB*, FDC*, FDE*, FDF*, FDG*, FDH*, FDI*, FDZ*, FEA*, FEB*, and FED*.

8.5.26.12. Do not use "G" MEPRS accounts on these SASs.

8.5.27. SAS 331 - Central Sterile Supply (CSS) Hours. Use this SAS to record by MEPRS account the hours of service for processing instruments for redistribution to using work centers.

8.5.27.1. The data collection sources are the applicable work center logs used by CSS to track hours worked performing sterile procedures by MEPRS account. Summarized logs by MEPRS account code are forwarded to the MRM Flight at the end of the month

8.5.27.2. Use raw and weighted values (hours of service) on this SAS. Raw and weighted values are the same on this SAS.

8.5.27.3. You may use cost pool MEPRS accounts on this SAS.

8.5.27.4. Any "A" MEPRS accounts used on this SAS must have associated occupied bed days on SAS 001, with the exception of cost pools.

8.5.27.5. Any "B" MEPRS accounts used on this SAS must have associated visits on SASs 002 and 003, with the exception of cost pools.

8.5.27.6. Any "C" MEPRS accounts used on this SAS must have associated dental workload on SAS 004, with the exception of cost pools.

8.5.27.7. MEPRS account EBBH, Health Promotion Program, is the only "E" account allowed on these SASs.

8.5.27.8. Do not use the following "F" MEPRS accounts on this SAS: FAK*, FAL*, FBEB, FBEC, FCA*, FCB*, FDC*, FDE*, FDF*, FDG*, FDH*, FDI*, FDZ*, FEA*, FEB*, and FED*.

8.5.27.9. Do not use "G" MEPRS accounts on this SAS.

8.5.28. SAS 334 - Central Material Service Dollars. Use this SAS to report the dollar value of pre-sterilized disposable items issued by MEPRS account.

8.5.28.1. The data collection sources are applicable work center logs maintained by Central Material Service. Summarized logs by MEPRS account code are forwarded to the MRM Flight at the end of the month.

8.5.28.2. Raw and weighted values (cost of supplies and minor plant equipment issued) reflect the same numbers on these SASs.

8.5.28.3. This SAS may not be used if the MTF uses the Internal Distribution Operating (IDO) system.

8.5.28.4. You may use cost pool MEPRS accounts on this SAS.

8.5.28.5. Any "A" inpatient MEPRS accounts used on this SAS must have associated occupied bed days on SAS 001, with the exception of cost pools.

8.5.28.6. Any "B" outpatient MEPRS accounts used on this SAS must have associated visits on SASs 002 and 003, with the exception of cost pools.

8.5.28.7. Any "C" MEPRS accounts used on this SAS must have associated dental workload on SAS 004, with the exception of cost pools.

8.5.28.8. MEPRS account EBBH, Health Promotion Program, is the only "E" account allowed on these SASs.

8.5.28.9. Do not use the following "F" MEPRS accounts on this SAS: FAK*, FAL*, FBEB, FBEC, FCA*, FCB*, FDC*, FDE*, FDF*, FDG*, FDH*, FDI*, FDZ*, FEA*, FEB*, and FED*.

8.5.28.10. Do not use the "G" MEPRS accounts on this SAS.

8.5.29. SASs 337, 338, 340, 343, 346, 347, and 362. Anesthesiology (337), Post Anesthesia Care Unit (formerly Recovery Room) (338), Surgical Suite (340), Same Day Surgery (343), Hemodialysis (346), Hyperbaric Medicine (347), and Peritoneal Dialysis (362).

8.5.29.1. The data collection sources are applicable ancillary work center logs used to record minutes of service by MEPRS account utilizing the services. Summarized logs by MEPRS account code are forwarded to the MRM Flight at the end of the month.

8.5.29.2. Use raw and weighted values on these SASs. For SASs 337, 338, 346, 347, and 362 raw and weighted values will be the same. For SASs 340 and 343 they will reflect different values.

8.5.29.3. SASs 340 and 343 collect minutes of service (weighted) and cases (raw) performed by MEPRS account. For the remaining SASs, raw and weighted values reflect minutes of service.

8.5.29.4. Use only "A" and "B" MEPRS accounts on these SASs.

8.5.29.5. Any "A" inpatient MEPRS accounts used on these SASs must have associated occupied bed days on SAS 001.

8.5.29.6. Any "B" outpatient MEPRS accounts used on these SASs must have associated visits on SASs 002 and 003.

8.5.29.7. SAS 343 - If there is workload in this SAS, account code DGAA must have FTEs on SAS 800 and square footage on SAS 406.

8.5.30. SASs 369, 370, 371, 372, and 373. Medical ICU (369), Surgical ICU (370), Coronary Care Unit (371), Neonatal ICU (372), and Pediatric ICU (373). Use these SASs to collect hours of service performed by MEPRS account. The data collection sources are the applicable ancillary work center logs used to record hours of service by MEPRS accounts utilizing the ancillary service or CHCS Hours of Service in ICU by Referred MEPRS/Clinical Service Report.

- 8.5.30.1. Raw and weighted values (hours of service) reflect the same numbers within each SAS.
- 8.5.30.2. Use only "A" inpatient MEPRS accounts on these SASs.
- 8.5.30.3. Do not use cost pool MEPRS accounts on these SASs.
- 8.5.30.4. MEPRS accounts used on these SASs must have associated occupied bed days in the referring MEPRS account code on SAS 001.

8.5.31. SAS 374-375 - Intensive Care Cost Pools. This SAS displays the total workload (raw and weighted) for each intensive/coronary care workcenter account indicated on each individual Intensive/Coronary Care SAS (369-373). It can be generated via the System Generated SAS function.

- 8.5.31.1. Only "DJ" accounts appear on this SAS.
- 8.5.31.2. Cost pool accounts are not used on this SAS.
- 8.5.31.3. For each "DJ" account on these SASs, ensure workload is reported in the appropriate ICU SAS (369-373).

8.5.32. SASs 403, 404, and 405. Dental Services Depreciation (403), Special Programs Depreciation (404), and Medical Readiness Depreciation (405). Use these SASs to record the depreciated value of investment equipment purchased. Identify the investment equipment purchases and separate the totals by MEPRS code. *Note: Refer to DoD 6010.13-M and Chapter 10 of this publication for data collection methods and procedures.*

- 8.5.32.1. Update these SASs at the beginning of each fiscal year only.
- 8.5.32.2. SAS 403 contains only CAAA and CBAA, if applicable.
- 8.5.32.3. SAS 404 contains only "F" accounts.
- 8.5.32.4. SAS 405 contains only "G" accounts.

8.5.33. SAS 406 - Square Footage by Account. This SAS reports square footage by MEPRS account code. The facility plant manager is responsible for providing this information. Any changes in square footage must be reported to MRM Flight as they occur. *Note: Refer to DoD 6010.13-M, for further procedures and details on areas included and areas excluded in the measurement process.*

- 8.5.33.1. Data collection sources are blueprints or building plans. The determination of the number of square footage in each department, service, or division of the MTF may be either by a physical measurement of the facility or by a measurement from blueprints. The SAS includes all outlying buildings for which the MTF is responsible.
- 8.5.33.2. Any "A" inpatient MEPRS accounts used on this SAS must have associated occupied bed days on SAS 001, with the exception of cost pools.
- 8.5.33.3. Any "B" outpatient MEPRS accounts used on this SAS must have associated visits on SASs 002 and 003, with the exception of cost pools.

8.5.33.4. Any "C" dental MEPRS accounts used on this SAS must have associated dental workload (CTVs and/or CLVs) on SAS 004, with the exception of cost pools.

8.5.33.5. Any "D" ancillary MEPRS accounts used on this SAS must have associated ancillary workload on each applicable ancillary SAS. Additionally, "D" accounts on this SAS must have associated workload on SAS 005, with the exception of cost pools.

8.5.33.6. Cost pool MEPRS accounts used on this SAS must have applicable SASs which identify and display associated workload for each of the sharing MEPRS accounts which reside on that SAS.

8.5.33.7. Any "E", "F", or "G" MEPRS account code used on this SAS must have associated FTEs on SAS 800.

8.5.33.8. Do not use the following MEPRS account codes on this SAS: EA**, EBG*, ECH*, ECI*, ECK*, EDB* through EDK*, EIC*, FAK*, FAL*, FBEB, FBEC, FCA*, FCB*, FCC*, FCE*, FDE*, FDF*, FDG*, FDH*, FDI*, FDZ*, FEB*, GBB*, GCB*, GDA*, GGA*, and GGB*.

8.5.34. SAS 409 - Square Footage Cleaned by Account. This SAS will report square footage cleaned by MEPRS account code. The facility or plant manager is responsible for providing this information. The same procedures that apply to SAS 406 apply to SAS 409, for MEPRS code usage.

8.5.34.1. Data collection sources are blueprints or building plans, recording additions and deletions for square footage cleaned based on the housekeeping contract in effect, if applicable.

8.5.34.2. The amount of square footage cleaned by MEPRS account on this SAS must be less than or equal to the amount of square footage by MEPRS account on SAS 406. There may be cases where the square footage cleaned is less than the total square footage for a given work center.

8.5.35. SAS 412 - Transportation by Mileage. This SAS reports the mileage for shared vehicles. DO NOT report the movement of emergency and non-emergency patients or mass casualties and attendants to, from, and between MTFs on this SAS.

8.5.35.1. Data collection sources are local logs maintained in each shared vehicle by MEPRS account. Logs are summarized monthly by MEPRS account and sent to the MRM Flight by the vehicle control officer.

8.5.35.2. Do not use the following MEPRS accounts on this SAS: EAA*, EAB*, EAC*, EAD*, EAE*, ECH*, ECI*, ECK*, EDB* through EDK*, EIC*, FAK*, FAL*, FBEB, FBEC, FCA*, FCC*, FDC*, FDE*, FDG*, FDH*, FDI*, FDZ*, FEA*, FEB*, FEC*, FEF*, GBB*, GCB*, GDA*, GGA*, and GGB*.

8.5.36. SAS 415 - Materiel Issued by MEPRS Account. This SAS records the (EEIC 6XX) expenses of materiel issued by MEPRS account with the exception of EEIC 64X. The EAS III ADHOC Report 9012 generates this SAS.

8.5.36.1. Data collection sources are the medical expense extract diskette obtained from servicing DFAS along with the operating budget ledger (OBL) or MICROBAS.

8.5.36.2. Any "A" MEPRS accounts used on this SAS should have associated occupied bed days on SAS 001, with the exception of cost pools.

8.5.36.3. Any "B" MEPRS accounts used on this SAS should have associated outpatient visits on SASs 002 and 003, with the exception of cost pools.

8.5.36.4. Generally, "C" MEPRS accounts used on this SAS must have CTVs and/or CLVs (if there is a dental lab) on SAS 004.

8.5.36.5. Any "D" MEPRS accounts used on this SAS should have ancillary workload on associated ancillary SASs to include SAS 005.

8.5.36.6. Cost pools must reflect workload on associated SASs 151 through 240, if applicable.

8.5.36.7. Add together monthly totals by MEPRS code to ensure expenses on the DES are equal to or greater than each account listed on this SAS.

8.5.36.8. Expenses on this SAS must be equal to or greater than SASs 500, 505 and 510 combined.

8.5.36.9. Do not use the following MEPRS accounts on this SAS: EA**, EBE*, ECA* through ECK*, EDB* through EDK*, FAK*, FAL*, FBEB, FBEC, FCA*, FCC*, FDC*, FDE*, FDG*, FDH*, FDI*, FDZ*, GBB*, GCB*, GDA*, GGA*, and GGB*.

8.5.36.10. If current month expenses do not increase from the previous month, no dollar amount is reflected in current month. This SAS is month-net, not cumulative.

8.5.37. SAS 418 - Biomedical Equipment Repair Hours of Service. This SAS reports biomedical equipment repair hours by MEPRS account.

8.5.37.1. Data collection source is the Biomedical Equipment Repair Summary Report.

8.5.37.2. Do not use the following MEPRS accounts on this SAS: EA**, ECA* through ECK*, EDB* through EDK*, FAK*, FAL*, FBEB, FBEC, FCA*, FCC*, FDC*, FDE*, FDG*, FDH*, FDI*, FDZ*, GBB*, GCB*, GDA*, GGA* and GGB*.

8.5.38. SAS 419 - Third Party Collection (TPC) Administration Total Number of Claims by Account. This SAS reports TPC claims billed by account.

8.5.38.1. Data collection source is the TPC Office.

8.5.38.2. Any "A" MEPRS accounts used on this SAS must have associated occupied bed days on SAS 001.

8.5.38.3. Any "B" MEPRS accounts used on this SAS must have associated outpatient visits on SASs 002 and 003.

8.5.38.4. Any "D" MEPRS accounts used on this SAS must have ancillary workload on associated ancillary SASs.

8.5.38.5. The total of this SAS must equal "EBHA" reported on SAS 018.

8.5.38.6. Do not use cost pools on this SAS.

8.5.39. SAS 421 - Linen and Laundry by Account. This SAS records the pounds of laundry issued by the linen and laundry service. Data collection source is the linen and laundry service. Clean linen is weighed dry.

8.5.39.1. Any "A" MEPRS accounts used on this SAS must have associated occupied bed days on SAS 001, with the exception of cost pools.

8.5.39.2. Any "B" MEPRS accounts used on this SAS must have associated outpatient visits on SASs 002 and 003, with the exception of cost pools.

8.5.39.3. Any "C" MEPRS accounts used on this SAS must have CTVs and/or CLVs (if there is a dental lab) on SAS 004, with the exception of cost pools.

8.5.39.4. Generally, "D" MEPRS accounts used on this SAS must have ancillary workload on SAS 005 (with the exception of cost pools).

8.5.39.5. Cost pool MEPRS accounts used on this SAS will reflect workload on associated SASs.

8.5.39.6. Do not use the following MEPRS account codes on this SAS: EDA*, EEA*, EGB*, EIC*, FAF*, FBEB, FBEC, FCA*, FCB*, FCC*, FCF*, FDE*, FDF*, FDG*, FDH*, FDI*, and FDZ*.

8.5.39.7. Do not use "G" MEPRS account codes on this SAS.

8.5.40. SAS 500 - Materiel Issued EEIC (604) by Account. This SAS records (EEIC 604 only) expenses of materiel issued by MEPRS account. EAS III ADHOC Report 9012 generates this SAS.

8.5.40.1. Data collection sources are MicroBAS or the medical expense extract diskette obtained from servicing DFAS along with the operating budget ledger (OBL).

8.5.40.2. Any MEPRS accounts listed on this SAS must be less than or equal to accounts on SAS 415.

8.5.40.3. Total of this SAS must equal the total of all EEIC 604 expenses. *Note: Must add month-to-net expenses per month on this SAS to equal the cumulative expense.*

8.5.41. SAS 505 - Materiel Issued EEIC (624) by Account. This SAS records (EEIC 624 only) expenses of medical equipment issued by MEPRS account. EAS III ADHOC Report 9012 generates this SAS.

8.5.41.1. Data collection sources are MicroBAS or the medical expense extract diskette obtained from servicing DFAS along with the operating budget ledger (OBL).

8.5.41.2. Any MEPRS accounts listed on this SAS must be less than or equal to accounts on SAS 415.

8.5.41.3. Total of this SAS must equal the total of all EEIC 624 expenses. *Note: You must add month-to-net expenses per month on this SAS to equal the cumulative expense.*

8.5.42. SAS 510 - Pharmaceutical Supplies Issued EEIC (615) by Account. This SAS records (EEIC 615 only) expenses of materiel issued by MEPRS account. EAS III ADHOC Report 9012 generates this SAS.

8.5.42.1. Data collection sources are MicroBAS or the medical expense extract diskette obtained from servicing DFAS along with the operating budget ledger (OBL).

8.5.42.2. Any MEPRS accounts listed on this SAS must be less than or equal to accounts on SAS 415.

8.5.42.3. Total of this SAS must equal the total of all EEIC 615 expenses. *Note: Must add month-to-net expenses per month on this SAS to equal the cumulative expense.*

8.5.43. SAS 609 - Clinical Management Support Available FTEs by Account. This SAS reports clinical management support available FTEs by account. This SAS is generated by ADHOC Report 9012, by transferring all "A" and "B" accounts and amounts from SAS 800. For those facilities having a dental residency program, "C" accounts will be automatically added to this SAS.

8.5.43.1. Data collection source is SAS 800 via the EAS III Personnel Subsystem.

8.5.43.2. Any "A" MEPRS accounts used on this SAS must have OBDs on SAS 001, with the exception of cost pools.

8.5.43.3. Any "B" MEPRS accounts used on this SAS must have OPVs on SAS 002 and 003, with the exception of cost pools.

8.5.43.4. Any "C" MEPRS accounts used on this SAS must have CTVs or CLVs on SAS 004.

8.5.43.5. The value for each account code on this SAS must match the value reported for the same account on SAS 800.

8.5.44. SAS 749 - Total Visits excluding PRIMUS Clinic Visits by Account. Use this SAS to collect total visits excluding PRIMUS Clinic (BHHA). Update this SAS manually through Data File Maintenance within EAS III.

8.5.45. SAS Numbers 777 Through 799 Available FTEs by Account. These SASs report the number of FTEs for each of the personnel categories by account. Each SAS number represents a personnel category. **Attachment 5** contains a description of each SAS. Data collection source is AF Form 3078, template, or local automated product. EAS III generates this SAS during the Personnel Batch Merge.

8.5.45.1. Any "A" MEPRS accounts used on these SASs must have OBDs on SAS 001, with the exception of cost pools.

8.5.45.2. Any "B" MEPRS accounts used on these SASs must have OPVs on SAS 002 and 003, with the exception of cost pools.

8.5.45.3. Any "C" MEPRS accounts used on these SASs must have CTVs and CLVs (if applicable) on SAS 004, with the exception of cost pools.

8.5.45.4. Any "D" MEPRS accounts used on these SASs must have ancillary workload reported on SAS 005, with the exception of cost pools.

8.5.45.5. Cost pool MEPRS accounts used on these SASs must have associated workload on SASs 151-299 where applicable.

8.5.45.6. The sum of SASs 777 through 799 must equal SAS 800.

8.5.46. SAS 800 - Total Available FTEs by Account. This SAS contains the total available FTEs by account reported by the MTF. EAS III generates this SAS during the Personnel Batch Merge. Edit procedures for SASs 777 through 799 will apply to SAS 800. Data collection sources are SASs 777 through 799.

8.5.47. SAS 801 - Dental Squadron FTEs. This SAS consists of FTEs extracted from SAS 800 using the System Generated SAS function within the System Functions Subsystem. This SAS will consist of ABF*, FAB*, and "C" account codes only.

8.5.48. SAS 802 - Medical Support Squadron FTEs. This SAS consists of FTEs extracted from SAS 800 using the System Generated SAS function within the System Functions Subsystem. This SAS will consist of DA**, DB**, DC**, DI**, EBC*, EBE*, EBF*, EBH*, EC**, ED**, EE**, EF**, EG**, EH**, EI**, EJ**, EK**, EL**, FAD*, FAF*, and FC** account codes only.

8.5.49. SAS 803 - Aerospace Medicine Squadron FTEs. This SAS consists of FTEs extracted from SAS 800 using the System Generated SAS function within the System Functions Subsystem. This SAS will consist of BHC*, BJ**, EBBH, EBG*, FAI*, FB**, FEF*, FEZ*, FFH*, and "G" account codes only.

8.5.50. SAS 804 - Medical Operations Squadron FTEs. This SAS consists of FTEs extracted from SAS 800 using the System Generated SAS function within the System Functions Subsystem. This SAS will consist of "A" (exception ABF*), "B" (exception BHC* and BJ**), DD**, DE**, DF**, DG**, DH**, DJ**, FAH*, FBJ*, FBK*, and FBL* account codes only.

8.5.51. SAS 805 - TRICARE Administration FTEs. This SAS consists of FTEs extracted from SAS 800 using the System Generated SAS function within the System Functions Subsystem. This SAS will consist of "A", "B", "C", "D", and EBBH account codes only.

8.6. Patient Acuity SAS Data File Coding. Update the Patient Acuity SAS Data file through Data File Maintenance within EAS III. Data source is inpatient units. A Patient Acuity SAS record consists of either a valid "A", "DG", or "DJ" MEPRS code or a third-level valid "A", "DG", or "DJ" code followed by a number. Duplicate MEPRS codes cannot be entered.

8.7. Generate DoD SASs. All DoD SASs are system generated via the "System Generated SAS" routine within the Processing function of EAS III.

Chapter 9

AUDITS

9.1. Audits.

9.1.1. General. Audits ensure program compliance in collecting and reporting MEPRS data. Audits and quality of workload are critical. The DoD IG and Air Force Audit Agency have placed increased emphasis on MEPRS data. Each work center providing input to the MEPRS program will develop and implement the audit methodology outlined below. For many work centers, the audits performed in connection with Biometrics (AFM 168-695) reporting is sufficient; simply prepare a memorandum for record to support completion of the MEPRS audit. However, where definite differences exist and the methodology for collecting and reporting the information differs, the audit procedures and backup documentation must meet the basic criteria listed below. In the high volume ancillary areas, it is not necessary to verify exact workload reported. More appropriately, evaluate the methodology of collecting and reporting the workload to ensure that personnel in the work center are properly trained in the mechanics of collecting such workload. Recommend that work centers with complex data collection steps develop written instructions for proper MEPRS workload collection and reporting. In many cases, you can fulfill the audit requirements below during the normal internal inspection process required by AFI 41-120, *Medical Resource Management*. The audit procedures are as follows.

9.1.1.1. Audit "A" and "B" MEPRS accounts (at least semiannually). Use the MEPRS audit checklist in this chapter.

9.1.1.2. Audit "C" and "D" MEPRS accounts (annually). Also, audit "E" MEPRS accounts which have performance factors, other than available FTEs, annually. Use the MEPRS audit checklists in this chapter.

9.1.1.3. For any problems encountered during any audit, do follow-up audits monthly until all reporting procedures are determined to be accurate.

9.1.2. Document in writing all audit findings. If you encounter problem areas during the audit, do follow-up until all reporting procedures are determined to be accurate and complete. When you conduct an audit on any work center, forward the results, through the MRM Flight Chief, appropriate work center, Flight Chief of a given work center, and Squadron Commander. If the work center requires additional local audits, they may be added to the attached checklist, but will not replace any checklist item.

9.1.3. MEPRS Audit Checklist. These checklists are the minimum requirements for auditing MEPRS workload.

9.1.4. Inpatient Work Centers.

- Has the work center been audited within the last 6 months?
- If the work center maintains MEPRS Operating Instructions (OIs), are they current?

NOTE:

Use a representative sample to validate the following workload (e.g., one day's or one week's workload).

- Are proper MEPRS codes used to identify the type of care the patient is receiving based on the specialty of the primary provider of care, for those wards which may have multiple MEPRS accounts (cost pools)?
- Are ward plates embossed with the correct MEPRS code?
- Are interward transfers identified to the Admissions and Dispositions Office and the MRM Flight?
- Do inpatient ancillary requests contain the appropriate MEPRS or requesting work center code?

9.1.5. Outpatient Work Centers.

- Has this work center been audited within the last 6 months?
- If the work center maintains MEPRS OIs, are they current?
- Are all members in the work center aware of MEPRS program requirements and properly trained in reporting procedures?

NOTE:

Use a representative sample to validate the following workload (e.g., one day's or one weeks workload).

- In clinics having more than one MEPRS account, are the accounts being used properly to accurately identify the type care the patient is receiving (e.g., BCAA - Family Planning versus BCCA - Obstetrics)?
- Do outpatient ancillary requests contain the appropriate MEPRS code?

9.1.6. Anesthesiology, Surgical Suite, and Post Anesthesia Care Unit (formerly Recovery Room).

- Has the work center been audited within the last twelve months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

For the following, use a representative sample to validate the workload (e.g., one day's or one week's workload)?

- Is the work center maintaining an accurate log that includes benefiting work center's MEPRS codes for services performed along with, patient's name, start times, stop times, and minutes of service?
- Is the work center complying with the appropriate workload definition for the function performed (as outlined in DoD 6010.13M)?

9.1.7. Pharmacy.

- Has the work center been audited within the last twelve months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

For the following, use a representative sample to validate the workload (e.g., one day's or one week's workload).

- Is the requesting work center's MEPRS code included on the ancillary requests?
- If an ancillary request is not coded with the requesting work center/MEPRS code, is the request researched to determine what the appropriate requesting work center/MEPRS code should be?
- If data entry is performed manually (e.g., contingency operations), are entry logs correct to include date of issue, type of request whether patient issues, bulk or clinic issued, prescription type filled, and appropriate MEPRS code for workload accountability?

9.1.8. Clinical Pathology, Anatomical Pathology & Blood Bank.

- Has this work center been audited within the last 12 months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

Use a representative sample to validate the following workload (e.g., one day's or one week's workload).

- Is the requesting work center MEPRS code included on the ancillary request for all sections: microbiology, biochemistry, hematology, serology, urinalysis, etc.?
- If an ancillary request is not coded with the requesting work center/MEPRS code, is the request researched to determine the appropriate MEPRS code?
- If data entry is performed manually (e.g., contingency operations), are entry logs correct to include date of request, procedure performed, and appropriate MEPRS code for workload accountability?
- Is the Procedure Weights Table current?

9.1.9. Diagnostic Radiology, Therapeutic Radiology.

- Has this work center been audited within the last 12 months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

Use a representative sample to validate the following workload (e.g., one day's or one week's workload).

- Is the requesting work center's MEPRS code included on the ancillary request?
- If the ancillary requests are not coded with the requesting work center/MEPRS code, is the request researched to determine what the appropriate requesting work center/MEPRS code should be?
- If data entry is performed manually (i.e., contingency operations), are entry logs correct to include date of examination, procedure performed, and appropriate MEPRS code for workload accountability?
- Is the Procedure Weights Table Current?

9.1.10. Pulmonary Functions/Respiratory Therapy.

- Has this work center been audited within the last 12 months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

Use a representative sample to validate the following workload (e.g., one day's or one week's workload).

- Is the work center maintaining a log that records each requesting work center's MEPRS code and number of procedures?
- If an ancillary request is not coded with the requesting work center/MEPRS code, is the request researched to determine the appropriate MEPRS code?

9.1.11. Central Sterile Supply.

- Has this work center been audited within the last 12 months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

Use a representative sample to validate the following workload (e.g., one day's or one week's workload).

- Are baseline time standards (in hours) reviewed annually?
- Is the requesting work center/MEPRS code used to record time spent (in hours) in support of each function?
- If an ancillary request is not coded with the requesting work center/MEPRS code, is the request researched to determine the appropriate MEPRS code?

9.1.12. Transportation.

- Has this work center been audited within the last 12 months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

Use a representative sample to validate the following workload (i.e., one day's or one week's workload).

- Is an accurate log of hours (for shared vehicles) maintained by MEPRS account code?
- Are the miles for vehicles on loan to other "base" organizations charged to MEPRS account FCDA?

9.1.13. Linen/Laundry.

- Has this work center been audited within the last 12 months?
- If the work center maintains MEPRS OIs, are they current?

NOTE:

Use a representative sample to validate the following workload (e.g., one day's or one week's workload).

- Is a linen/laundry monthly summary forwarded to MRM Flight in a timely manner (as established by local procedures) after the end of the month?
- Where feasible, is the clean linen weighed by piece or counted at least once a year in order to establish a bulk weight distribution method?
- Are the pounds of laundry delivered to each work center recorded by appropriate MEPRS code?

Chapter 10

FINANCIAL DATA

10.1. Financial Data. Includes all expenses and obligations associated with providing patient care and costs incurred as a result of the MTF military mission.

10.2. Purpose. Expense data is a combination of personnel, supply, equipment, contract, depreciation, additional support and special program costs. These expenses make up the direct expenses for the MEPRS, and are collected monthly by account code and input into the EAS. Although MEPRS is an expense based system, obligations must also be accurately reflected for the current fiscal year.

10.3. The Direct Expense Schedule (DES). The DES is the total direct expenses for MEPRS account codes authorized at the MTF. Expenses included in the DES are cumulative without regard to fiscal year of obligation. The DES is updated through the EAS III Air Force Financial Pre-Merge subsystem.

10.3.1. Depreciation expenses are calculated by the MEPRS Program Manager. Depreciation (decrease in the service potential of property) dollar values for Inpatient (EAAA), Outpatient (EABA), Dental (EACA), Special Program (EADA), and Medical Readiness (EAEA), are figured at the beginning of each fiscal year and are only adjusted when equipment is no longer owned by the facility. Determine monthly investment equipment depreciation dollar values for the above depreciation accounts for input into EAS III. The following procedures apply.

10.3.1.1. Establish an investment equipment listing or computer database based on what the investment equipment threshold is at the time (i.e., Investment in Equipment Dollar value for that year). Information on the listing or database should be limited to name, nomenclature, fiscal year in which received, purchase price, and cost center.

10.3.1.2. Obtain the investment equipment purchases from the Medical Logistics Office. If any prior equipment purchases were made that were not accounted for, make necessary adjustments for each fiscal year that applies.

10.3.1.3. Check the "Equipment in Use List" to ensure all items are accounted for. This list is maintained in the Medical Logistics Office.

10.3.1.4. File investment equipment purchases by fiscal year purchased.

10.3.1.5. Investment equipment purchases are identified and separately totaled by Hospital, Dental Clinic and Dental Lab, Special Programs, and Medical Readiness purchases.

10.3.1.6. Apply investment equipment purchases shared by inpatient and outpatient accounts using the applicable ratio below:

Average Daily Patient Load	Inpatient	Outpatient
Greater than 250	60%	40%
Between 50 and 250	50%	50%
Less than 50	40%	60%

Average Daily Patient Load	Inpatient	Outpatient
Clinics		100%

10.3.1.7. After the total dollar amount is established for inpatient and outpatient Investment Equipment purchases, divide both figures by 96 months (eight years) to yield the monthly expenses for EAAA and EABA, respectively.

10.3.1.8. Update the Manual DES by going into "Data Files", "Data File Maintenance", and "Update DES-Manual" for each applicable code.

10.3.1.9. Once entered on the DES, EAS III calculates the depreciation throughout the year. SASs 001 and 003 are used to determine the ratio of expenses allocated to the various inpatient and outpatient MEPRS accounts.

10.3.2. Total Dental Clinic and Dental Laboratory Investment equipment purchases are separately divided by 96 to yield the monthly depreciation expense for MEPRS accounts CAAA and CBAA, respectively.

10.3.2.1. Enter the derived depreciation expense by work centers CAAA and CBAA on SAS 403.

10.3.2.2. Update the Manual DES by going into "Data Files", "Data File Maintenance", and "Update DES-Manual" for EACA.

10.3.2.3. Expenses for MEPRS account EACA are allocated based on the amounts contained on SAS 403 for MEPRS accounts CAAA and CBAA.

10.3.2.4. Once on the DES, EAS III calculates the depreciation throughout the year.

10.3.3. Total Special Program Investment equipment purchases are divided by 96 to yield the monthly depreciation expenses for any special program "F" MEPRS account.

10.3.3.1. Enter the derived depreciation expenses for "F" account work centers on SAS 404. Update the Manual DES by going into "Data Files", "Data File Maintenance", and "Update DES-Manual" for EADA.

10.3.3.2. Expenses for MEPRS account EADA are allocated based on the amounts contained on SAS 404 for applicable "F" accounts.

10.3.3.3. Once on the DES, EAS III calculates the depreciation throughout the year.

10.3.4. Total Medical Readiness investment equipment purchases are divided by 96 to yield the monthly depreciation expenses for any medical readiness "G" MEPRS account.

10.3.4.1. Enter derived depreciation expenses for "G" account work centers on SAS 405.

10.3.4.2. Update the Manual DES by going into "Data Files", "Data File Maintenance", and "Update DES-Manual" for EAEA.

10.3.4.3. Expenses for MEPRS account EAEA are allocated based on the amounts contained on SAS 405 for applicable "G" accounts.

10.3.4.4. Once on the DES, EAS III calculates the depreciation throughout the year.

10.3.5. Other Non-OBL Expenses. Base support services, fire protection, and police protection expenses are assigned in accordance with DoD 6010.13-M Chapter 2, which designates assignment procedures governing the work center account. This expense is calculated monthly by the EAS III

system based upon total expenses. For each applicable account ECHA, ECIA, and ECKA, on the manual DES, enter a dollar value of 1. EAS III system generates the monthly Non-OBL expense throughout the year. If manual calculations are necessary, follow instructions outlined below:

10.3.5.1. MEPRS account ECHA, Fire Protection, is calculated from the total expenses by multiplying ".0008 x total expenses". Enter the derived amount on the Manual DES

10.3.5.2. MEPRS account ECIA, Police Protection, is calculated from the total expenses by multiplying ".001 x total expenses". Enter the derived amount on the Manual DES

10.3.5.3. MEPRS account ECKA, Other Base Support Services, is calculated from the total expenses by multiplying ".014 x total expenses". Enter the derived amount on the Manual DES.

10.3.6. Supply, equipment, contract costs, etc. are received from servicing DFAS office on a floppy diskette or download from MicroBAS. The diskette is created IAW AFM 177-370 Section 58. The download from MicroBAS is created when the MTF Budget Analyst certifies the financial download is correct. Download from MicroBAS can either be through a diskette or a file transfer protocol media. The data is then uploaded into the EAS III Air Force Financial Pre-Merge System. The Air Force Pre-Merge Subsystem provides the means necessary to prepare the financial data to be merged into EAS III.

10.3.7. MEPRS Account Code EIBA expenses must be manually entered on the Financial DES. Obtain these expenses from the AF Form 544, year-to-date column.

10.4. EAS III Financial Processing. Process the financial diskette immediately upon receipt. If not processed immediately, DFAS will not be able to recreate the diskette. Each MTF will coordinate with their servicing DFAS to establish data receipt and storage agreement. If using MicroBAS as the source for financial data, the system allows recreation of data.

10.4.1. Negative numbers for expenses and obligations need to be researched with the budget analyst, RMO, and MEPRS manager. Corrective actions will be determined by the Resource Manager at the local level. If corrective actions cannot be determined, contact your MAJCOM. Corrections will be required in the month the error occurred and all subsequent months to the current reporting month.

10.4.2. Personnel salaries (EEIC 2XX and 3XX) are contained in both the Personnel Subsystem and AF Financial Premerge. During the Financial Batch Merge EEICs 2XX and 3XX are ignored.

10.5. SASs Which Contain Expense Data are.

10.5.1. SAS 021, Supplemental Care Dollars by Requesting Work Center, reports the dollar value of supplemental care dollars issued to each requesting work center. Totals are all EEIC 572 and 573 expenses. *Note: This SAS is system generated by EAS III via ADHOC Report 9012.*

10.5.2. SAS 403, Dental Depreciation Dollars by Account, is reported on this SAS.

10.5.3. SAS 404, Special Program Depreciation Dollars by Account, is reported on this SAS.

10.5.4. SAS 405, Medical Readiness Depreciation Dollars by Account, is reported on this SAS.

10.5.5. SAS 415, Materiel Issued by Account, reports the dollar value of materiel issued to each MEPRS account. Totals are all Element of Expense Investment Code (EEIC) 6XX expenses except EEIC 64X. *Note: This SAS is system generated by EAS III via ADHOC Report 9012.*

10.5.6. SAS 500, Materiel Issued in EEIC 604 by Account, reports the dollar value of materiel issued to each MEPRS account. Totals are all EEIC 604 expenses. ***Note: This SAS is system generated by EAS III via ADHOC Report 9012.***

10.5.7. SAS 505, Materiel Issued in EEIC 624 by Account, reports the dollar value of materiel issued to each MEPRS account. Totals are all EEIC 624 expenses. ***Note: This SAS is system generated by EAS III via ADHOC Report 9012.***

Chapter 11

THE EXPENSE ASSIGNMENT SYSTEM

11.1. The Expense Assignment System Version III (EAS III). The EAS is designed to perform Step-down and purification and produce the Medical Expense and Performance Report (MEPR).

11.2. EAS Step-down. EAS Step-down process assigns support and ancillary work center (intermediate accounts) expense to direct patient care and special programs (final accounts) on a monthly basis.

11.3. Purpose of Step-down. The purpose of Step-down is to distribute support and ancillary costs in order to obtain direct patient care expenses by subspecialty and special programs.

11.4. EAS Purification. The purification process (cost pools) distributes centralized expenses and FTE's to direct patient care areas (final operating accounts) on a monthly basis.

11.5. Purpose of Purification. The purpose of purification is to distribute expenses and FTE's of shared performing workcenters, based on workload, to requesting workcenters, i.e., Obstetrical and Gynecological Clinic (BCXA). Cost pools are purified in alphabetical order unlike ancillary ("D" accounts) or support areas ("E" accounts) that have a specific assignment sequence. *Note: Ancillary cost pools (DJXA) are step-down not purified.*

11.6. Medical Treatment Facility (MTF) Processing. EAS III computation must be accomplished monthly. The following processes must be accomplished:

11.6.1. EAS III Ancillary Cycle Processing. Run the Cycle month-to-date processing on the last day of the month. Upon verification of the workload run a End-of-Month (EOM) cycle. The EOM cycle produces several SASs for EAS III processing.

11.6.2. EAS III Step-down Assignment Statistics (SASs). Update and verify non-system generated SASs monthly. *NOTE:* Input SASs 403, 404, 405, 406, and 409 only during October for the new fiscal year. Ensure these SASs are contained on the SAS Rollover Table.

11.6.3. EAS III Personnel Subsystem. Update, verify and merge personnel data. The Personnel merge creates several personnel SASs and salary entries for the Personnel DES. *Note: Any corrections to the personnel subsystem after a merge, requires re-accepting and re-merging of the personnel data.*

11.6.4. Complete Air Force Pre-Merge processing. Air Force Pre-Merge prepares financial information for the Financial Merge which produces the final DES products.

11.6.5. Run ADHOC 9012. ADHOC 9012 produces several SASs from data entered previously. It also calculates several entries on the DES. *NOTE:* ADHOC 9012 must be rerun after changing previously entered data (e.g. Personnel, SAS, and DES).

11.6.6. Run the Month to Net QC by selecting "Perform Quality Control" from the EASIII Processing Menu. *NOTE:* Correct/verify all errors found on the Quality Control Report through the Personnel Subsystem and/or Data Files.

11.6.7. Run Month Net Computation. This process performs Step-down, purification and MEPRS reports.

11.6.8. Transmit files as defined in paragraph **4.1.2.1.** and **4.1.2.2.**

11.7. Form Prescribed. AF Form 3078, **Monthly Personnel Time and Salary Distribution Worksheet.**

EDGAR R. ANDERSON, JR., Lt General, USAF
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS*****References***

DoD 6010.13-M, *Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities*.

Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System, Version III (EAS III) *Users Manual*.

DFAS-DER 170-5, *Responsibility Center/Cost Center Codes*.

AFM 168-695, Volume 1, *Medical Administrative Management System (MAMS)-Base Users Manual*.

AFI 65-503, *US Air Force Cost and Planning Factors* (formerly AFR 173-13).

AFI 65-601, Volume 1, *Budget Guidance and Procedures* (formerly AFR 172-1).

Abbreviations and Acronyms

ADPL—Average Daily Patient Load

ALOS—Average Length of Stay

APPROP—Appropriation Codes - Classification of appropriated funds

ASD—Account Subset Definition

ASF—Aeromedical Staging Facility

AWC—Assigned Work Center

AWU—Ambulatory Work Unit

CAP—College of American Pathologists

CC—Cost Center

CDA—Central Design Activity

CMI—Case Mix Index

CPT—Physicians' Current Procedural Terminology

DES—Direct Expense Schedule

DFAS—Defense Financial Accounting Service

DMIM—Defense Medical Information Management

DMIS—Defense Medical Information Systems

DMSSC—Defense Medical Systems Support Center

DoD—Department of Defense

DRG—Diagnostic Related Groups

EAS III—Expense Assignment System, Version Three

EDS—Electronic Data Systems Corporation

FTE—Full Time Equivalent

FY—Fiscal Year

Hosp/SL—Hospital/Sick Leave

ID—Identification

IWU—Inpatient Work Unit

JFTR—Joint Federal Travel Regulation

MAJCOM—Major Command

MEPR—Medical Expense and Performance Report

MEPRS—Medical Expense and Performance Reporting System

MFI—Medical Facility Identification

MPF—Master Personnel File

MRM—Medical Resource Management

MTF—Medical Treatment Facility

MWU—Medical Work Unit

OASD (HA)—Office of the Assistant Secretary of Defense (Health Affairs)

OBD—Occupied Bed Day

OI—Operating Instruction

PEC—Program Element Code

POC—Point of Contact

QC—Quality Control

QTY—Quantity

RC—Responsibility Center

RCMI—Relative Case Mix Index

RWP—Relative Weighted Products

SAS—Step-down Assignment Statistics

SCR—System Change Request

SEEC—Standard Expense Element Code

SOA—Separate Operating Agency

STAT-ID—Statistic Identifier

UIC—Unit Identification Code

WWR—Worldwide Workload Report*Terms*

Adjustment—Process of adding, subtracting, or otherwise modifying incurred expenses into an array or format that reflects MEPRS recognized expenses and statistics.

Admission—The act of placing an individual under treatment or observation in a medical center or hospital.

Aeromedical Staging Facilities—Medical facilities having aeromedical staging beds, located on or in the vicinity of an enplaning or deplaning air base or air strip that provide reception, administration, processing, ground transportation, feeding, and limited care for patient entering or leaving the aeromedical evacuation system.

Ambulatory Work Unit—Work units derived by multiplying the number of visits by the established weight for that particular clinic. The established weights are standardized throughout DoD; therefore, all military medical treatment facilities are using the same weighted table.

Ancillary Services—Those services (functions) that participate in the care of patients principally by assisting and augmenting attending physicians and dentists in diagnosing and treating human ills.

Cost Assignment—The distribution of transfer of an item of cost or a group of items of cost to one or more work centers.

Cost Pool—Operating expense accounts which collect direct or indirect operating expenses for purposes of reassignment to work center accounts and ultimately to final operating expense accounts.

CHAMPUS—Civilian Health and Medical Program for the Uniformed Services.

Depreciation—The decrease in the service potential of property as a result of wear, deterioration, or obsolescence, and the subsequent allowance made for the process in the accounting records of the activity.

Disposition—The removal of a patient from the census of an inpatient facility by reason of discharge to duty, to home, transfer to another medical facility, death, or other termination of inpatient care.

Expense Assignment System (EAS)—A standard automated data processing capability utilized by the military departments for the calculations required to produce the Medical Expense and Performance Reports.

Expenses—The total of accrued expenses paid and unpaid.

Health Affairs—Short name for OASD (HA)

Inpatient Work Unit—Work units derived by multiplying the total number of dispositions by the facility-unique Relative Case Mix Index (RCMI). Each military medical treatment facility has its own RCMI.

Medical Work Unit—Work units computed by adding the total number of AWUs to the total number of IWUs. For those facilities which do not have inpatient capabilities (clinics), the total number of AWUs will be equal to the total number of MWUs.

Obligations—The total of accrued expenses paid and unpaid plus undelivered orders outstanding.

Performance Factor—A measure of work produced by a function within a medical treatment facility

such as occupied bed days, visits, procedures, square footage, etc.

Purification—Reassignment of expenses from one operating expense account to one or more other operating expense accounts.

Queued—The print job is in line to be printed

Relative Case Mix Index—Derived by the coding of inpatient records. Once all inpatient records have been coded, a multiplier is computed which reflects the resource intensity of the facility's inpatient workload. Therefore, each MTF has a unique RCMI, based on the complexity of its inpatient workload.

Step-down—Reassignment of expenses from intermediate (Ancillary and Support) accounts to final operating expense accounts.

Visit—Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen as identified by CPT code.

Attachment 2**AIR FORCE UNIQUE ACCOUNT CODES**

A2.1. BEZA - Chiropractic Clinic. This clinic examines and treats adult patients (eighteen and over) with spine-related neuromusculoskeletal conditions who have passed a standard screening to rule out potentially serious medical conditions and/or have been referred by a physician on a consultative basis for chiropractic treatments. Treatment is performed by a contracted, licensed Doctor of Chiropractic according to privileges assigned under the Chiropractic Health Care Demonstration Program (CHCDP). Treatment consists of patient history, chiropractic physical exam, and the performance of standard osseous and soft tissue procedures consistent with chiropractic care.

A2.2. BHHA - PRIMUS Clinics. This account is used to track PRIMUS Clinic visits by facilities that oversee a PRIMUS Clinic.

A2.3. BLAB - Neuromusculoskeletal Screening (NMS) (In House/Main Facility). Use this code if the Physical Therapy Clinic is performing NMS related work and the main facility does not have a separately organized NMS clinic. Use BLCA if the NMS clinic is separately organized.

A2.4. BLAC - Neuromusculoskeletal Screening (NMS) (Satellite Clinic). Use this code if the Physical Therapy Clinic function is performing NMS related work in a Satellite clinic and the main facility does not have a separately organized NMS clinic. Use BLCA if the NMS clinic is separately organized.

A2.5. BLBB - Neuromusculoskeletal Screening (NMS) (Occupational Therapy). Use this code if the Occupational Therapy Clinic is performing NMS related work and the main facility does not have a separately organized NMS clinic. Use BLCA if the NMS clinic is separately organized.

A2.6. EBAA - Command. This code accounts for the cost of providing command jurisdiction over all personnel assigned or attached to the medical facility. Includes cost in determining the facility's medical capability in relation to available medical service officers, supporting staff and facilities; implementing directed programs; caring for and safeguarding all property under command control; supervising the care, treatment and welfare of the patients. The following functions are included in this expense account Wing/Group Commander, Deputy Commander (when authorized); and their immediate secretarial and administrative staff.

A2.7. EBBA - Special Staff. This code includes the Administrator, Chief of the Medical Staff (formerly Chief of Hospital Services), Nurse Executive, Medical Law Consultant (when authorized), Chaplain Services (when authorized), Infection Control, Self-Inspection (when appointed by letter to perform a self-inspection), Quality Assurance and Risk Management programs, and their immediate secretarial and administrative staff and any other inspections and inventories within the MTF. This account also includes the Dental and Biomedical Advisors when functioning as Group Staff.

A2.8. EBBH - Health Promotion Program. This code is used to account for health promotion activities to build healthier communities and may include a referral from a provider for a diagnosed illness or condition. Health promotion activities include awareness, education and interventions (including screen-

ings) for tobacco prevention/cessation, fitness assessment and enhancement (including cycle ergometry fitness assessments), exercise prescription, nutrition assessment and counseling, stress management, substance abuse, cardiovascular disease prevention, cancer prevention, injury prevention, and medical self-care. These activities can be conducted at work sites, through outreach programs, in the health promotion office, or the health and wellness center. The health and wellness center is a "one stop shop" for all the above or parts of the above. Health Risk Appraisals and needs assessments are additional activities which drive the priorities of focus for each installation. Additionally, the Health Promotion Manager should annotate committee attendance for the Installation Health Promotion Working Group, and others (i.e. Aerospace Medicine Council, Health Consumer Advisory Council, wing briefings/meetings, etc.) where health promotion representation is required or requested. In addition to the above, the health promotion manager should count the hours for all planning, programming, executing and evaluating all health promotion activities.

A2.9. EBCA - Medical Resource Management Administration. This account includes the functions of Medical Resource Management Flight.

A2.10. EBCB - Personnel and Administration. This account includes the Personnel and Administration Flight Chief, First Sergeant, and their immediate staff.

A2.11. EBCC - Committees. This account includes those committees authorized by Air Force Instructions, and MTF committee regulations, but do not include quality assurance, risk management, information systems, or any other committee which has a specifically assigned MEPRS account code. Staff meetings not included in this account.

A2.12. EBCD - Dental Squadron. This code accounts for the cost of providing effective management of all assigned dental functions and resources by the Squadron Commander, senior enlisted manager, and their immediate administrative staff. Functions include planning, organizing, operating, evaluating, and improving all aspects of system performance for the Dental Squadron; developing effective relationships with other group entities; defining roles and responsibilities that optimize effectiveness of the Dental Squadron; and providing oversight for education, training, and career management of squadron personnel.

A2.13. EBCE - Medical Support Squadron. This code accounts for the cost of providing effective management of all assigned medical support functions and resources by the Squadron Commander, senior enlisted manager, and their immediate administrative staff. Functions include planning, organizing, operating, evaluating, and improving all aspects of system performance for the Medical Support Squadron; developing effective relationships with other group entities; defining roles and responsibilities that optimize effectiveness of the Medical Support Squadron; and providing oversight for education, training, and career management of squadron personnel.

A2.14. EBCF - Aerospace Medicine Squadron. This code accounts for the cost of providing effective management of all assigned aerospace medicine functions and resources by the Squadron Commander, senior enlisted manager, and their immediate administrative staff. Functions include planning, organizing, operating, evaluating, and improving all aspects of system performance for the Aerospace Medicine Squadron; developing effective relationships with other group entities; defining roles and responsibilities that optimize effectiveness of the Aerospace Medicine Squadron; and providing oversight for education, training, and career management of squadron personnel.

A2.15. EBCH - Medical Operations Squadron. This code accounts for the cost of providing effective management of all assigned medical operations functions and resources by the Squadron Commander, senior enlisted manager, and their immediate administrative staff. Functions include planning, organizing, operating, evaluating, and improving all aspects of system performance for the Medical Operations Squadron; developing effective relationships with other group entities; defining roles and responsibilities that optimize effectiveness of the Medical Operations Squadron; and providing oversight for education, training, and career management of squadron personnel.

A2.16. EBCI - Information Systems. This account is used to identify the operating expenses of automated systems serving more than one medical functional area that are managed and operated either by personnel assigned to the MTF or contract personnel.

A2.17. EBFN - Audiovisual Services. This code accounts for costs of audiovisual services to include medical illustration and medical photography. Costs include manpower, travel, contractual services, procurement of supplies and materials, expense equipment, necessary facilities and the associated costs specifically identified, separable into "in-house" and "contract" portions, and measurable to medical functions, productions and services and support, as appropriate.

A2.18. EBFW - Medical Library. This code accounts for costs of manpower, travel, contractual services, procurement of supplies and materials, expense equipment, necessary facilities and associated costs to support operation of the medical library.

A2.19. FAFA - Testing and Screening Program. This account will be used to account for all operating expenses incurred in operating and maintaining the screening and testing function at each MTF. For example, the time spent by laboratory personnel to collect specimens as well as capture workload associated with collection of specimens. (The same applies to MEPRS account code FAFB.)

A2.20. FAFB - Acquired Immune Deficiency Syndrome (AIDS) Testing Program. This account will be used to account for all operating expenses incurred in operating and maintaining the mass screening and testing function at each MTF. Military Public Health personnel may also use this code if they process paperwork and are in charge of the program. *Note: Time spent by MTF personnel as candidates for screening and testing will not be reported under the two codes above. Report such time as non-available hours to their assigned work center.*

A2.21. FALA - CHE - Medical CONUS Capitated and OCONUS Non Capitated. This account is used for capturing costs incurred by a Military Treatment Facility in support of continuing health education requirements for Medical CONUS Capitated and OCONUS Non Capitated activities (PEC 87700, 87900). Includes all continuing health education programs regardless of location or source of instruction.

A2.22. FALB - CHE - Military Public Health/Occupational Health. This account is used for capturing costs incurred by a Military Treatment Facility in support of continuing health education requirements for Military Public Health/Occupational Health activities (PEC 87705). Includes all continuing health education programs regardless of location or source of instruction.

A2.23. FALC - CHE - Dental. This account is used for capturing costs incurred by a Military Treatment Facility in support of continuing health education requirements for Dental activities (PEC 87715, 87915). Includes all continuing health education programs regardless of location or source of instruction.

A2.24. FALD - CHE - Others. This account is used for capturing costs incurred by a Military Treatment Facility in support of continuing health education requirements for all other activities (PEC 87724) not classified elsewhere, e.g., physiological training units. Includes all continuing health education programs regardless of location or source of instruction.

A2.25. FALE - CHE - Aeromedical Evacuation System. This account is used for capturing costs incurred by a Military Treatment Facility in support of continuing health education requirements for Aeromedical Evacuation System activities (PEC 87725). Includes all continuing health education programs regardless of location or source of instruction.

A2.26. FALF - CHE - Environmental Compliance. Accounts for costs incurred by a Military Treatment Facility in support of continuing health education requirements for Environmental Compliance activities (PEC 87756). Includes all continuing health education programs regardless of location or source of instruction.

A2.27. FAZB - Substance Abuse Control Program Management. Use this account to capture the cost of providing supervision to substance abuse counselors and management of the Substance Abuse Control Program (SAC), including review of charts, supervision of counseling; contact with patients, contact with commanders and other base or local personnel in relation to SAC program requirements, preparation and submission of reports, coordination with drug testing and prevention of substance abuse; attendance at wing/base level meetings related to substance abuse; and collection, analysis, and presentation of epidemiological data relating to substance abuse.

A2.28. FBBB - Environmental Compliance. This account will be used to capture the costs to support installation environmental compliance. Limited to activities solely to comply with environmental laws as implemented by the federal, state, and local environmental regulatory agencies. This includes, but is not limited to, the Safe Drinking Water Act, Clean Water Act, Clean Air Act, Residential Lead Based Paint Hazard Reduction Act of 1992, and Resource Conservation and Recovery Act. It includes sampling analysis and monitoring to the extent required to comply with the applicable regulatory authority and the assessment of environmental (not human health) impact of accidents and disasters such as chemical or fuel spills. For overseas bases, includes activities required to comply with the Host Nation Final Governing Standards or the Overseas Environmental Baseline Guidance Document. Record civilian manpower costs and any training costs not specifically mandated by environmental regulation under PE 87756 and cost center xx5858. Record manpower expenditures under MEPRS code FBBB. Record costs of training that is specifically mandated by environmental compliance regulation, equipment, supplies, contracts, etc. for support of installation programs under PE ***56 and a cost center established through the Base Civil Engineer or Environmental Manager.

A2.29. FBBC - Pollution Prevention. Accounts for the costs to support installation pollution prevention programs. Includes support of the ozone depleting substance waiver process and retrieval of hazardous material usage and storage data to support reporting requirements. Does not include the inventory and control of hazardous material to the extent it is required by the Industrial Hygiene Program. Record civil-

ian manpower costs under PE 87754 and cost center xx5859. Record manpower expenditures under MEPRS code FBBC. Record costs of equipment, supplies, contracts, etc., for support of installation programs under PE ***56 and a cost center established through the Base Civil Engineer or Environmental Manager.

A2.30. FBBD - Environmental Restoration. Accounts for the costs to support installation environmental restoration programs. Includes health impact support of environmental restoration (cleanup) activities, human health assessments, and Agency for Toxic Substances and Disease Registry Agency (ATSDR) activities. Record civilian manpower costs under PE 87754 and cost center xx5831. Record manpower expenditures under MEPRS code FBBD. Record costs of equipment, supplies, contracts, etc., for support of installation programs under PE 78008 and a cost center established through the Base Civil Engineer or Environmental Manager.

A2.31. FBBE - Environmental Conservation Support. Accounts for the costs to support installation environmental conservation programs. Includes health impact review of Environmental Assessments (EA), Environmental Impact Statements (EIS), installation operations on endangered species, and other installation activities impacting on cultural or natural resources. Record civilian manpower costs under PE 87753 and cost center xx5832. Record manpower expenditures under MEPRS code FBBE. Record costs of equipment, supplies, contracts, etc., for support of installation programs under PE ***53 and a cost center established through the Base Civil Engineer or Environmental Manager.

A2.32. FBEB - Military Public Health. This account is used to capture all operating expenses for developing and conducting medical services surveillance programs to ensure hazards to individuals and community health are identified, evaluated and eliminated or controlled. This encompasses: identifying occupational illnesses and injuries; the control of communicable diseases; the evaluation of foods, food sources, food service facilities, and other public facilities and services used by military and DoD civilian personnel; providing for and screening of occupational physical examinations for active duty personnel in hazardous occupations; monitoring public health and occupation-related physical examinations of federal civilian workers, including pre-employment, fitness for duty, pre-termination, and disability evaluations; investigating communicable diseases and diagnosed or suspected illnesses; collating and reporting communicable disease statistics, occupational illnesses or injury information, and other health data; conducting occupational health education and counseling concerning health maintenance and preventive medicine; evaluating schools, nurseries, day care centers, private residences, and other public places for environmental factors which may affect the health of military personnel or their dependents; implementing and monitoring disease and occupational illness prevention programs; conducting epidemiological investigations in support of occupational health problems and of food borne disease outbreaks; monitoring disease vector populations; providing medical surveillance over civilian and military personnel working in hazardous or potentially hazardous environments; providing inspection of subsistence for wholesomeness, contract compliance, storage conditions, and keeping qualities; conducting laboratory examinations of food and food contact surfaces; providing agriculture and medical inspections on incoming aircraft emanating from foreign soil; and maintaining liaison and cooperation with local, state, and federal health authorities.

A2.33. FBEB - Dollar Value of Food Inspected. This account is used to report the dollar amount of food inspected in Classes 4, 5, and 8. This dollar amount represents input used to calculate an average monthly figure which is a workload factor variable in the Environmental Health Office manpower stan-

dard. *Note: Personnel time must not be reported under this account code. The Military Public Health Office is responsible for providing this data to the MEPRS Program Manager on a monthly basis.*

A2.34. FBEC - Food Facilities Under Surveillance. The number of on-base fixed or mobile food storage, preparation, and serving facilities under surveillance. Individual activities within the commissaries and clubs will be counted separately (e.g., retail, meat market, deli, produce, warehouse, bars, and kitchen). This does not include vending machines, field kitchens, aircraft, temporary facilities, or public facilities (e.g., base theaters, gymnasiums, barber/beauty shops, child care centers, contract quarters, and detention facilities). This value represents one of four manpower workload factors for Military Public Health (MEPRS Code FBEA). Personnel time must not be reported under this account code. The Military Public Health Section is responsible for providing this information to the MEPRS Program Manager.

A2.35. FCAC - Emergency Medical and Dental Care (Except GSUs). This code accounts for the costs of immediate medical or dental care required to save life, limb, sight, loss of body tissue, or to prevent undue suffering for active duty Air Force personnel. The code can only be used when the Medical Service has no advance knowledge of the care received by the patient. Do not include approved expenses for emergency care provided to active duty Air Force members assigned to geographically separated units (see MEPR code FCAE). Excludes the costs of care attributable to FCAA, Supplemental Care and FCAB, Prior Knowledge Active Duty Care and OB Episodes of Care in Non-Defense Facilities. Use of this code is authorized effective 1 Oct 95.

A2.36. FCAD - Non-Emergency Medical and Dental Care (GSUs Only). This code accounts for the costs of pre-approved non-emergency medical (including OB) and dental care provided to active duty Air Force members assigned to geographically separated units (GSUs) that do not have a fixed medical treatment facility. Advance approval is required from the supporting MTF commander, his designee, or the GSU commander where specific agreements exist. Excludes the costs of care attributable to FCAE, Emergency Medical and Dental Care (GSUs Only). Use of this code is authorized effective 1 Oct 95.

A2.37. FCAE - Emergency Medical and Dental Care (GSUs Only). This code accounts for the costs of immediate medical and dental care required to save life, limb, sight, loss of body tissue, or to prevent undue suffering for active duty Air Force members assigned to GSUs that do not have a fixed medical treatment facility.

Can be used only when the Medical Service has no advance knowledge of the care received by the patient. Excludes the costs of care attributable to FCAD, Non-Emergency Medical and Dental Care (GSUs Only). Use of this code is authorized effective 1 Oct 95.

A2.38. FCCB - CHAMPUS. This code accounts for the costs of medical care in civilian facilities for retired uniformed service personnel, spouses, and family members of active duty, retired, or deceased uniformed service personnel; and special education and institutional care in civilian facilities for handicapped family members of active duty uniformed service personnel under the CHAMPUS funded equipment at base level. It is used for activities participating under the Catchment Area Management Demonstration Project.

A2.39. FDZB - Family Member Student Travel Program. Family Member Student Travel is a program used to fund the transportation of student family members for purposes of attending school in the

United States as authorized by AFI 65-601 and JFTR U5243. This account will capture travel expenses only.

A2.40. FEBB - Travel for Air Force Personnel/Non-Medical Attendants. Accounts for the costs of travel for active duty Air Force personnel and their non-medical attendants assigned to locations without fixed medical treatment facilities to obtain medical or dental care. Use of this code is authorized effective 1 Oct 95. Use the centrally managed account (RCCC 5945) through fiscal year 1995.

A2.41. FEBC - Travel for Family Members and Medical Attendants Overseas. Accounts for the costs of travel for the family members of active duty Air Force personnel and attendants assigned to locations without fixed medical treatment facilities, when needed, to obtain medical care when stationed overseas. Use of this code is authorized effective 1 Oct 95. Use the centrally managed account (RCCC 5946) through fiscal year 1995.

A2.42. FEZA - Aeromedical Evacuation System. Accounts for all the operating expenses incurred by aeromedical evacuation squadrons and detachments in support of the aeromedical evacuation system. Functions may include reception and processing of air evacuation patients enroute to the medical treatment facility, as well as reception and processing of returning patients. This workcenter is not a bedded activity and cannot be used where there is an operational ASF.

A2.43. Other 4th Level B-M Codes. Upon approval of the MAJCOM, fourth level codes B-M can be used to track facility unique programs using , for example health care performed at geographically separated units, etc.

A2.44. 4th Level "G" Codes - Persian Gulf Illness Comprehensive Clinical Evaluation Program (CCEP). CCEP establishes procedures for identification, referral, clinical evaluation, and reporting of examinations results of military personnel experiencing unexplained health problems following service in the Persian Gulf War commonly referred to as Persian Gulf Syndrome. Persian Gulf Syndrome is not a single apparent disease or syndrome, but rather "a range of illnesses with overlapping symptoms and causes". All CCEP workload, time, and associated expenses should be coded with a 'G' in the fourth position. Ancillary support requests should also be coded with the 'G' to ensure proper identification of expenses back to the benefiting work center.

A2.45. 4th Level "O" Codes - Contract Medical Care. Care is provided by providers working under formal contracts based on standard statements of work (arranged through the base contracting office). MTF workload, personnel and expense data other than salary expenses must be collected. Do not use this account for other special programs listed above or below.

A2.46. 4th Level "P" Codes - Partnership Program. Care is provided by non-government civilian providers to CHAMPUS beneficiaries (usually using MTF treatment rooms, supplies, and possibly support personnel) and funded using CHAMPUS reimbursement procedures. Workload, personnel and expense data other than salary expenses for the partnership providers (paid by CHAMPUS) must be collected.

A2.47. 4th Level "Q" Codes - Alternate Use of CHAMPUS Funds. Use when MTFs request the use of CHAMPUS funds to initiate projects designed to expand MTF capabilities and produce net, verifiable CHAMPUS savings, i.e., CHAMPUS Recapture. *Note: Approval authority is HQ USAF/SGMC.*

A2.48. 4th Level "R" Codes - Resource Sharing. MTFs using TRICARE Support Contract(s) to add resources, (e.g., providers, support staff, supplies and equipment) to allow MTFs to bring CHAMPUS workload back into the MTF.

A2.49. 4th Level "V" Codes - VA Patient Care. Use this account for VA referred patients to an Air Force Hospital for definitive care. *EXAMPLE:* In cases where the VA and Air Force may share a common building (with wings or floors for each) where patients are sometimes referred to the Air Force to be treated in the clinic or admitted, then the visit or bed day will be coded (as an example) BAAV or AAAPV, respectively. *Note: Tracking the use of specific funds received in conjunction with these programs can be complicated, especially when the funds are used to augment an existing specialty or work center. Therefore, each MTF will collect expenses for these programs using cost pools and distribute expenses based on percentage of workload.*

A2.50. 4th Level "5" Codes - Ambulatory Procedure Visits. Use this account for ambulatory procedure visits as defined in DoDI 6025.8. An ambulatory procedure visit refers to immediate (day of procedure), pre-procedure and immediate post-procedure care in an ambulatory setting. Care is required in the facility for less than 24 hours. The nature of the procedure and the medical status of the patient using the ambulatory care unit combine for a requirement for short term care (but not inpatient care) which is more appropriately rendered in a specialized area (such as an Ambulatory Procedure Unit) rather than in an outpatient clinic. All types of appropriate anesthesia can be chosen as indicated by privileged providers. This category is appropriate for all types of patients (e.g., obstetrical, surgical, pediatric) who by virtue of the procedure or anesthesia require post-procedure care, observation, or assistance.

Attachment 3**AF FORM 3078 COMPLETION INSTRUCTIONS**

A3.1. The EAS III system produces, on demand, personnel labels to attach to the top of the form based on personnel assigned during a given month, therefore, the personnel information at the top of the form need not be filled out. The computer generated label includes individuals grade, name, assigned work center and description, occupation code, skill type, assignment departure and arrival dates, the month and year specified, and the number of the label within each work center. The labels are printed alphabetically on one by three inch labels for each work center or for all work centers.

A3.2. In the "Day of Month" column for each week, fill in the date by day of the week.

A3.3. In the "Available Hours Worked" row, enter the appropriate four letter account code for each work center (or account) where time was spent (up to ten accounts on one form--attach another form with additional codes used if more than ten codes are used).

A3.4. On a daily or weekly basis, fill in available hours worked in each column by account or non-available hours due to leave, hospitalization, sickness, military duties outside your MTF, or other absences. Enter weekly, subtotals for total available hours, and total non-available hours. For detailed guidelines on counting available and non-available time within a fixed Medical or Dental treatment facility, see DoD 6010.13-M.

Attachment 4**GUIDELINES FOR DISTINGUISHING MEPRS SAS**

A4.1. Step-down SASs distribute intermediate operating expenses (D & E accounts) to final operating expense accounts (A, B, C, F, and G accounts) for any benefit of service received. Another way to look at it is "charging an account for services rendered" (e.g., Internal Medicine AAAA can be allocated or charged a certain amount of expense for a given amount of weighted procedures attributable to it via the Pharmacy work center). Step-down SASs are identified with STAT-IDs on the ASD file.

A4.2. Purification (cost pool) SASs are used to distribute expenses to work centers which share resources such as, the same clinic or ward, personnel, supplies, etc. In this case where the expenses for shared items cannot be readily identified to any one work center, they are instead distributed to the sharing work centers based on workload (i.e., occupied bed days, total visits, etc.). Cost pool work centers or account codes are identified with an "X" in the third position of the code (e.g., AAXA, BAXA, etc.). Purification SASs are also identified with STAT-IDs on the ASD file.

A4.3. Information SASs. Are used to collect workload data for information and statistical purposes only. They are not used in the cost assignment process, therefore, will not be identified with STAT-IDs on the ASD file.

A4.4. MEPR SASs. Are used to produce and display the Medical Expense and Performance Report (MEPR). This report is produced in EAS III during computation processing after initial input processing takes place.

A4.5. DoD standard SASs. Are created and used for informational purposes at the DoD level. They are in most cases duplicates of existing Air Force SASs, however, some of the SASs summarize multiple SAS groups (i.e., if an MTF has multiple pharmacy, radiology, or lab SASs). The SASs also provide data to DoD at the third level (i.e., MEPRS account AAAA would automatically role up to MEPRS account AAA).

Attachment 5

SAS DATA SETS USED

AF	DoD		
SAS	SAS	DESCRIPTION	SAS FUNCTION
001	001	Occupied Bed Days by Account	STEP-DOWN/MEPR
002	002	Outpatient Visits by Amb Account	INFORMATION/MEPR
003	003	Total Visits by Amb Account	STEP-DOWN/MEPR
004	004	Dental Workload by Account	INFORMATION/MEPR
005	005	Ancillary Workload by Account	INFORMATION/MEPR
006	006	Clinician Salaries by Account	INFORMATION/MEPR
007	007	Dispositions by Account	INFORMATION/MEPR
008	008	Admissions by Account	INFORMATION/MEPR
009	009	Livebirths by Account	INFORMATION
010	010	Fetal Deaths by Account	INFORMATION
011	011	Deaths by Account	INFORMATION
012	012	Patient Meal Days Served	STEP-DOWN
013	013	Total Meal Days Served	STEP-DOWN
014	014	Weighted Inpt Nutritional Proc	STEP-DOWN
018	018	"E" Acct Programs With Performance factors	MEPR
019	019	"F" Acct Programs With Performance factors	MEPR
020	020	"G" Readiness Accts With Performance factors	MEPR
021	021	Supplemental Care Dollars by Requesting Work Center	INFORMATION
022	022	Direct Care Professional Salaries	INFORMATION
023	023	Registered Nurse Salaries	INFORMATION
024	024	Direct Care Paraprofessional Salaries	INFORMATION
025	025	Admin, Logistical, Other Salaries	INFORMATION
026	026	RESERVED FOR DoD USE	

thru	thru		
150	150		
151		MTF Unique Inpatient Cost Pools	PURIFICATION
thru			
240			
241		MTF Unique Outpatient Cost Pools	PURIFICATION
thru			
299			
301	030	Pharmacy Wtd Procedures by Account	STEP-DOWN
304	031	Clinical Path Wtd Procedures by Account	STEP-DOWN
307	032	Anatomical Path Wtd Procedures by Account	STEP-DOWN
310	033	Blood Bank Wtd Procedures by Account	STEP-DOWN
313	036	Diagnostic Radiology Wtd Procedures by Account	STEP-DOWN
316	037	Therapeutic Radiology Wtd Procedures by Account	STEP-DOWN
319	040	Electrocardiography Procedures by Account	STEP-DOWN
322	041	Electroencephalography Procedures by Account	STEP-DOWN
325	042	Electroneuromyography Procedures by Account	STEP-DOWN
328	043	Pulmonary Function Procedures by Account	STEP-DOWN
329	044	Cardiac Catheterization Procedures by Account	STEP-DOWN
331	049	Central Sterile Supply Hours of Service by Account	STEP-DOWN

334	050	Central Materiel Service Dollars (Cost of supplies & minor equip)	STEP-DOWN
337	054	Anesthesiology Minutes of Service by Account	STEP-DOWN
338	056	Post Anesthesia Care Unit Minutes of Service by Account	STEP-DOWN
340	055	Surgical Suite Minutes of Service & Number of Cases by Account	STEP-DOWN
343	059	Same Day Surgery/APV Minutes of Service & Number of Cases by Acct	STEP-DOWN
346	060	Hemodialysis Minutes of Service by Account	STEP-DOWN

AF DoD

SAS	SAS	DESCRIPTION	SAS FUNCTION
347	061	Hyperbaric Medicine Minutes of Ser- vice by Account	STEP-DOWN
349	064	Inhalation/Respiratory Therapy Pro- cedures by Account	STEP-DOWN
361	067	Nuclear Medicine Weighted Proce- dures by Account	STEP-DOWN
362	062	Peritoneal Dialysis Minutes of Ser- vice by Account	STEP-DOWN
369	069	Medical Intensive Care Unit Hours of Service by Account	STEP-DOWN
370	070	Surgical Intensive Care Unit Hours of Service by Account	STEP-DOWN
371	071	Coronary Care Unit Hours of Service by Account	STEP-DOWN

372	072	Neonatal Intensive Care Unit Hours of Service by Account	STEP-DOWN
373	073	Pediatric Intensive Care Unit Hours of Service by Account	STEP-DOWN
374		ICU Hours of Service by Account (DJX)	STEP-DOWN
403		Dental Depreciation Dollars by Account	STEP-DOWN
404		Special Program Depreciation Dollars by Account	STEP-DOWN
405		Medical Readiness Depreciation Dollars by Account	STEP-DOWN
406		Square Footage by Account	STEP-DOWN
409	082/083	Square Footage Cleaned by Account/Contract	STEP-DOWN
412		Transportation Mileage by Account	STEP-DOWN
415	080	Materiel Issued by Account	STEP-DOWN
418	084/085	Biomedical Equipment Repair Hours/Contract	STEP-DOWN
419	081	Third Party Collection Admin Total Number of Claims by Account	STEP-DOWN
421	086/087	Linen & Laundry Service, Pounds of Dry Laundry Processed by Account/Contract	STEP-DOWN
500		Materiel Issued in EEIC 604 by Account	INFORMATION
505		Materiel Issued in EEIC 624 by Account	INFORMATION
609		Clinical Management Support Available FTEs	STEP-DOWN
749		Total Outpatient Visits Excluding Primus	STEP-DOWN
777	777	Clinician Officer Available FTEs	INFORMATION/MEPR

778	778	Clinician Civilian Available FTEs	INFORMATION/MEPR
779	779	Clinician Contract Available FTEs	INFORMATION/MEPR
780	780	Clinician Other Available FTEs	INFORMATION/MEPR
781	781	Direct Care Professional Officer Available FTEs	INFORMATION/MEPR
783	783	Direct Care Professional Civilian Available FTEs	INFORMATION/MEPR
784	784	Direct Care Professional Contract Available FTEs	INFORMATION/MEPR
785	785	Direct Care Professional Other Available FTEs	INFORMATION/MEPR
786	786	Registered Nurses Officer Available FTEs	INFORMATION/MEPR
787	787	Registered Nurses Civilian Available FTEs	INFORMATION/MEPR
788	788	Registered Nurses Contract Available FTEs	INFORMATION/MEPR
789	789	Registered Nurses Other Available FTEs	INFORMATION/MEPR
790	790	Direct Care Paraprofessional Officer Available FTEs	INFORMATION/MEPR
791	791	Direct Care Paraprofessional Enlisted Available FTEs	INFORMATION/MEPR
792	792	Direct Care Paraprofessional Civilian Available FTEs	INFORMATION/MEPR
793	793	Direct Care Paraprofessional Contract Available FTEs	INFORMATION/MEPR
794	794	Direct Care Paraprofessional Other Available FTEs	INFORMATION/MEPR
795	795	Admin, Clerical & Logistical Officer Available FTEs	INFORMATION/MEPR

796	796	Admin, Clerical & Logistical Enlisted	INFORMATION/MEPR
		Available FTEs	
797	797	Admin, Clerical & Logistical Civil- ian	INFORMATION/MEPR
		Available FTEs	
798	798	Admin, Clerical & Logistical Con- tract	INFORMATION/MEPR
		Available FTEs	
799	799	Admin, Clerical & Logistical Other	INFORMATION/MEPR
		Available FTEs	
800	800	Total FTEs	INFORMATION/MEPR
801		Dental Squadron FTEs	INFORMATION/MEPR
802		Medical Support Squadron FTEs	INFORMATION/MEPR
803		Aerospace Medicine Squadron FTEs	INFORMATION/MEPR
804		Medical Operations Squadron FTEs	INFORMATION/MEPR
805		TRICARE Administration FTEs	INFORMATION/MEPR